

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000155725

1. Entity Name  
MAINGATE ADVENTURE GOLF, INC.



Principal Place of Business  
2261 MAINSAIL COVE  
KISSIMMEE, FL 34746 US

Mailing Address  
2261 MAINSAIL COVE  
KISSIMMEE, FL 34746 US



02042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3935232

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LEE, SCOTT  
2261 MAINSAIL COVE  
KISSIMMEE, FL 34746

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

000000357672  
04/01/08-80013-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P/D
NAME	LEE, SCOTT
STREET ADDRESS	2261 MAINSAIL COVE
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	VP/D
NAME	LEE, BRYAN
STREET ADDRESS	2261 MAINSAIL COVE
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	S/D
NAME	DANNEN, DOUG
STREET ADDRESS	5566 BROOKLINE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	T/D
NAME	DEMATTIO, DEAN
STREET ADDRESS	141 NORTH GATE ROAD
CITY-ST-ZIP	MYRTLE BEACH, SC 29572
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dean DeMattio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/08

Date

Daytime Phone #

843-249-3334