

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000155725

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: MAINGATE ADVENTURE GOLF, INC.

## Current Principal Place of Business:

2261 MAINSAIL COVE  
KISSIMMEE, FL 34746 US

## New Principal Place of Business:

7792 W IRLO BRONSON HWY  
KISSIMMEE, FL 34747 US

## Current Mailing Address:

2261 MAINSAIL COVE  
KISSIMMEE, FL 34746 US

## New Mailing Address:

7792 W IRLO BRONSON HWY  
KISSIMMEE, FL 34747 US

FEI Number: 20-3935232

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEE, SCOTT  
2261 MAINSAIL COVE  
KISSIMMEE, FL 34746 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: LEE, SCOTT  
Address: 2261 MAINSAIL COVE  
City-St-Zip: KISSIMMEE, FL 34746 US

Title: VP/D ( ) Delete  
Name: LEE, BRYAN  
Address: 2261 MAINSAIL COVE  
City-St-Zip: KISSIMMEE, FL 34746 US

Title: S/D ( ) Delete  
Name: DANNEN, DOUG  
Address: 5566 BROOKLINE DRIVE  
City-St-Zip: ORLANDO, FL 32819 US

Title: T/D ( ) Delete  
Name: DEMATTIO, DEAN  
Address: 141 NORTH GATE ROAD  
City-St-Zip: MYRTLE BEACH, SC 29572 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: HICKS, DWAYNE  
Address: 1400 OAKCREEK DRIVE NW  
City-St-Zip: NEW PHILADELPHIA, OH 44663

Title: D ( ) Change (X) Addition  
Name: CONTINI, MIKE  
Address: P.O. BOX 492  
City-St-Zip: NEW PHILADELPHIA, OH 44663

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT LEE

PRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date