

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90029 013 \*\*\*150.00

<b>DOCUMENT # P94000014712</b> 1. Entity Name <b>MAIN GATE MANAGEMENT, INC.</b>			
Principal Place of Business <b>14500 CONTINENTAL GATEWAY ORLANDO, FL 32821</b>		Mailing Address <b>14500 CONTINENTAL GATEWAY ORLANDO, FL 32821</b>	
2. Principal Place of Business <b>5678 Irlo Bronson Hwy</b> Suite, Apt. #, etc.		3. Mailing Address <b>5678 Irlo Bronson Hwy</b> Suite, Apt. #, etc.	
City & State <b>Kissimmee, FL</b>		City & State <b>Kissimmee, FL</b>	
Zip <b>34746</b>		Country <b>USA</b>	
4. FEI Number <b>59-3222906</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>WHAPLES-TERRY- 14500 CONTINENTAL GATEWAY ORLANDO, FL 32821</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Michael D. Cassara, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5678 Irlo Bronson Hwy</b> City <b>Kissimmee</b> <b>FL</b> Zip Code <b>34746</b>	
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 <b>Michael D. Cassara, Jr. President</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WHAPLES, TERRY</b> <input type="checkbox"/> Delete <b>14500 CONTINENTAL GATEWAY</b> <b>ORLANDO, FL 32821</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Michael D. Cassara, Jr.</b> <b>5678 Irlo Bronson Hwy</b> <b>Kissimmee, FL 34746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>LANDWIRTH, HENRI</b> <b>229 ROYAL TERN NORTH</b> <b>PONTE VEDRA BEACH, FL 32082</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>RUDMAN, ED</b> <b>100 FEDERAL STE 37TH FL</b> <b>BOSTON, MA 02110</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Rudman (spelling)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GLENN, JOHN</b> <b>7208 EAGLE RIDGE DR.</b> <b>BETHESDA, MD 20817</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <input type="checkbox"/> Delete <b>CASSARA, JR. MICHAEL D.</b> <b>14500 CONTINENTAL GATEWAY</b> <b>ORLANDO, FL 32821</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ST</b> <b>Terry Whaples</b> <b>14500 Continental Gateway</b> <b>Orlando, FL 32821</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE:</b> <b>Michael D. Cassara, Jr</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>407-387-1801</b> <small>Date Daytime Phone #</small>	