

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 688988

Entity Name: S. W. GATEWAY, INC.

FILED  
Feb 11, 2009  
Secretary of State

## Current Principal Place of Business:

23801 HARBORVIEW ROAD  
2ND FLOOR  
PORT CHARLOTTE, FL 33980 US

## New Principal Place of Business:

1532 RIO DE JANEIRO AVE  
PUNTA GORDA, FL 33983 US

## Current Mailing Address:

PO BOX 380758  
MURDOCK, FL 33938 US

## New Mailing Address:

FEI Number: 59-2023702

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WISHARD, KRISTINE  
23081 HARBORVIEW RD.  
2ND FLOOR  
PORT CHARLOTTE, FL 33980 US

## Name and Address of New Registered Agent:

WISHARD, KRISTINE  
1532 RIO DE JANEIRO AVE  
PUNTA GORDA, FL 33983 US

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:

02/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WISHARD, KRISTINE  
Address: 26097 WATERFOWL LANE  
City-St-Zip: PUNTA GORDA, FL 33983

Title: VS ( ) Delete  
Name: INGELS, EILEEN  
Address: 2020 WILLOW HAMMOCK CIRCLE  
City-St-Zip: PUNTA GORDA, FL 33983

Title: V (X) Delete  
Name: WISHARD, WILLIAM  
Address: 26097 WATERFOWL LANE  
City-St-Zip: PUNTA GORDA, FL 33983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition  
Name: WISHARD, KRISTINE  
Address: 26097 WATERFOWL LANE  
City-St-Zip: PUNTA GORDA, FL 33983

Title: VPS (X) Change ( ) Addition  
Name: INGELS, EILEEN  
Address: PO BOX 380758  
City-St-Zip: MURDOCK, FL 33938

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

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: KRISTINE WISHARD

PD

02/11/2009

Electronic Signature of Signing Officer or Director

Date