


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 818092</b> 1. Entity Name <b>THE FRANK GATES SERVICE COMPANY</b>	
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Principal Place of Business <b>701 INTERNATIONAL PKWY SUITE 175 LAKE MARY FL 32746</b>	Mailing Address <b>P.O. BOX 182364 COLUMBUS OH 43218-2364</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number <b>31-4359765</b>	Applied For
	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>RINGERS, ANDREW L DEAN RINGERS MORGAN &amp; LAWTON 200 E ROBINSON ST, SUITE 1020 ORLANDO FL 32801</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO OVERLY, NILES C <input type="checkbox"/> Delete 2475 STONEHAVEN COURT NORTH COLUMBUS OH 43220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP OVERLY, ROBINSON M <input type="checkbox"/> Delete 8777 N GAINEY CENTER DR SCOTTSDALE AZ 85258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP MCCORMICK, J. LUKE <input type="checkbox"/> Delete 5000 BRADENTON AVE DUBLIN OH 43017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADIGAN, JOSEPH J <input type="checkbox"/> Delete 5555 HERON POINT DRIVE #2102 NAPLES FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SMITH, GREGORY P <input type="checkbox"/> Delete 2303 ABINGTON RD COLUMBUS OH 43221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  1100000652620 03/12/07-80025-016 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 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 persons empowered.

**SIGNATURE:** \_\_\_\_\_ *L. P. Smith* 2-19-07 614-753-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #