2008 FOR PROFIT CORPORATION ANNUAL REPORT

06-06-2008 90014 012 ***550.00
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P07000023305

1. Entity Name
CHAD L. GATES, P.A.

Principal Place of Business	Mailing Address
981 RIDGEWOOD AVENUE VENICE, FL 34285 US	981 RIDGEWOOD AVENUE VENICE, FL 34285 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	5110 Kestral Park Way S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Sarasota, FL
Zip / Country	Zip: 34231 / Country: USA

4. FEI Number: 20-8485512 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GATES, CHAD L 981 RIDGEWOOD AVENUE VENICE, FL 34285	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 $550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P GATES, CHAD L 981 RIDGEWOOD AVENUE VENICE, FL 34285	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______________________ 6/3/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/8 ao