

2008 FOR PROFIT CORPORATION ANNUAL REPORT

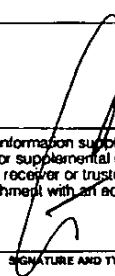
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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05142008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000023305					
1. Entity Name CHAD L. GATES, P.A.					
Principal Place of Business 981 RIDGEWOOD AVENUE VENICE, FL 34285 US			Mailing Address 981 RIDGEWOOD AVENUE VENICE, FL 34285 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 5110 Vestral Park Way S.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Sarasota, FL		
Zip	Country	Zip	Country	4. FEI Number 20-8485514	
34231	USA	34231	USA	Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GATES, CHAD L 981 RIDGEWOOD AVENUE VENICE, FL 34285			7. Name and Address of New Registered Agent		
			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 reappointing) 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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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 #		

2/8aw