2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P9500000207 1. Entity Name GATES UNLIMITED, INC.						Jan 24, 2005 08:00 AM Secretary of State				
Principal Place of Business 355 SAILFISH DRIVE DESTIN FL 32541			Mailing Address 355 SAILFISH DRIVE DESTIN FL 32541							
2. Principal F	Place of Business	3. Ma	iling Address			_				
Suite, Apt #, etc.		Sur	Suite, Apt #, etc.			1st MOORE CR2E034 (10/04)				
City & State		City & State				4. FEI Num	ber 59-32889 5		<u>-</u>	Applied For
Zip	Country	Zip		Соиг	ntry	5. Certificat	e of Status Desired		\$8.75 A	Additional
	6. Name and Address of Currer	ıt Register	ed Agent			7. Name an	d Address of New	Registered	l Agent	
355	FES, CAROL J SAILFISH DRIVE STIN FL 32541				Name Street Address City	(P.O. Box Num	ber is Not Acceptab	ie) ————————————————————————————————————	 Zip C	code
the obligat	named entity submits this statement ions of registered agent.	for the purp	oose of changing its	register	 ed office or registe	ered agent, or b	oth, in the State of F	-		th, and acce
SIGNATURE .	Signature, typed or printed name of registered age	nt and title il app	Plicable (NOTE	Registere	d Agent signature require	d when ternslating)		DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0 Payable to Florida Department	of State					9. Election Camp Trust Fund Co			5.00 May 6 dded to Fees
10.	OFFICERS AN	DIRECTO	RS	11.		ADDITIONS	CHANGES TO OF	FICERS AN	ID DIRECTO	ORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GATES, WILLIAM H 355 SAILFISH DRIVE DESTIN FL		☐ Delete				1J0000011 01/24/05-8	99721 0103-0	□ Chang 14 150.	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GATES, CAROL J 355 SAILFISH DRIVE DESTIN FL		□ Delete		4				☐ Chang	e 🔲 Addista
TITLE NAME STREET ADDRESS CITY+ST+ZIP			☐ Delete		1				☐ Chang	e 🔲 Arkilin
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Chang	e
TITLE NAME SIPFET ADDRESS CITY-ST-ZIP		•	☐ Delete						Change	e 🔲 Additio
ITILE NAME STREET ADDRESS GITY-ST-ZIP 12. I hereby o	ertify that the information supplied wi	th this filing	Delete	CITY	FT AODRESS ST- ZIP	ection 119.07/3	VI) Florida Statutes	I further o	Change	

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 eath; 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CANAL T. CATES
SIGNATURE & SIGN

F18-05

850-863-3123

FILED