


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000000207  
 1. Entity Name  
 GATES UNLIMITED, INC.



Principal Place of Business      Mailing Address  
 355 SAILFISH DRIVE      355 SAILFISH DRIVE  
 DESTIN, FL 32541      DESTIN, FL 32541

**DO NOT WRITE IN THIS SPACE**



01272006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Assisted For  
 59-3288955      Not Applicable

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

6. Name and Address of Current Registered Agent  
 GATES, CAROL J  
 355 SAILFISH DRIVE  
 DESTIN, FL 32541

**DO NOT WRITE IN THIS SPACE**

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 re-registering.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	GATES, WILLIAM H
STREET ADDRESS	355 SAILFISH DRIVE
CITY - ST - ZIP	DESTIN, FL
TITLE	VPT
NAME	GATES, CAROL J
STREET ADDRESS	355 SAILFISH DRIVE
CITY - ST - ZIP	DESTIN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000413761  
 02/11/06-80008-010 150.00

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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: Carol J. Gates      CAROL J. GATES      1-27-06      850-837-7955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR