

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000000207

Entity Name: GATES UNLIMITED, INC.

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

355 SAILFISH DRIVE
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

355 SAILFISH DRIVE
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3288955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GATES, CAROL J
355 SAILFISH DRIVE
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: GATES, WILLIAM H
Address: 355 SAILFISH DRIVE
City-St-Zip: DESTIN, FL

Title: VPT () Delete
Name: GATES, CAROL J
Address: 355 SAILFISH DRIVE
City-St-Zip: DESTIN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: GATES, WILLIAM H
Address: 355 SAILFISH DRIVE
City-St-Zip: DESTIN, FL 32541 US

Title: VPT (X) Change () Addition
Name: GATES, CAROL J
Address: 355 SAILFISH DRIVE
City-St-Zip: DESTIN, FL 32541 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL J. GATES

VPT

01/22/2009

Electronic Signature of Signing Officer or Director

_____ Date