


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000091785**  
1. Entity Name  
**STONE GATE SOLUTIONS, INC.**



Principal Place of Business  
**42 STONE GATE SOUTH  
LONGWOOD, FL 32779**

Mailing Address  
**42 STONE GATE SOUTH  
LONGWOOD, FL 32779**

**DO NOT WRITE IN THIS SPACE**



03262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3481531**

Applied For  
 Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DECARLO, DONNA L MD  
42 STONE GATE SOUTH  
LONGWOOD, FL 32779**

**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 *Donna DeCarlo* **Donna DeCarlo** 04/22/04  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DECARLO, DONNA L MD 42 STONE GATE SOUTH LONGWOOD, FL 32779
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U00000124892  
04/22/04-80064-001 150.00

**DO NOT WRITE IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Donna DeCarlo* **Donna DeCarlo** 04/22/04 (407) 333-3272  
Signature, typed or printed name of signing officer or director