


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.	
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Principal Place of Business 42 STONE GATE SOUTH LONGWOOD, FL 32779	Mailing Address 42 STONE GATE SOUTH LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE



03262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3481531	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DECARLO, DONNA L MD 42 STONE GATE SOUTH LONGWOOD, FL 32779

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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 <u>Donna DeCarlo</u> <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>04/22/2004</u>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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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: <u>Donna DeCarlo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>04/22/2004</u>	FILE NO. <u>(407) 333-3272</u>
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