## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## Jan 18, 2005 8:00 am Secretary of State DOCUMENT # P97000091785 01-18-2005 90030 024 \*\*\*150.00 1. Entity Name STONE GATE SOLUTIONS, INC. Principal Place of Business Mailing Address 40001488 42 STONE GATE SOUTH **42 STONE GATE SOUTH** LONGWOOD, FL 32779 LONGWOOD, FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152005 CR2E034 (10/03) Cha-P City & State Applied For City & State 4. FEI Number 59-3481531 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Down A DECARLO MA DECARLO, DONNA L MD Street Address (P.O. Box Number is Not Acceptable) 42 STONE GATE SOUTH ≤ TONE LONGWOOD, FL 32779 City LONGWOOD 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PRESIDENT **PSTD** TITLE ☐ Defete TITLE Addition DONNA L DECARLO MA DECARLO, DONNA L MD NAME NAME 42 STONE GATE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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SIGNATURE:

**FILED**