

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90173 036 ***150.00

DOCUMENT # P99000084016	
1. Entity Name SUNSTATE GATE INC.	

Principal Place of Business 1657 BAYSHORE DR ENGLEWOOD, FL 34223	Mailing Address PO BOX 226 ENGLEWOOD, FL 34295
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60032939



2. Principal Place of Business - No P.O. Box Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03202008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent FULMER, DAWN 1657 BAYSHORE DR ENGLEWOOD, FL 34223	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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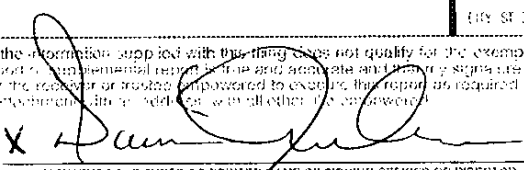
8. The above named entity submits this statement for the purpose of creating its registered office or registered agent, or both, in the State of Florida for, familiar with, and accept the nomination of its registered agent.

SIGNATURE _____ DATE _____
Signature of the person who is the owner, officer or director of the corporation. Registered agent or trustee, if applicable. (Print)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Electronic Campaign Financing Trust For-El Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D FULMER, DAWN PO BOX 226 ENGLEWOOD, FL 34295 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D RIVERA, ARMANDO PO BOX 226 ENGLEWOOD, FL 34295 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption(s) contained in Chapter 119, Florida Statutes. I further certify that the information provided in this report is a true and accurate and complete statement of the corporation, or the officer 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.

SIGNATURE:  **4-21-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Name (Print)