

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 29, 2007 08:00 AM  
Secretary of State

DOCUMENT # 208723

1. Entity Name  
GATEWAY FURNITURE, INC.



Principal Place of Business  
5143 BROAD ST.  
BROOKSVILLE, FL 34605

Mailing Address  
PO BOX 925  
BROOKSVILLE, FL 34605-0925 US



01242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-0819743

Applied For  
Not Applicable

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

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

MCKETHAN, LOIS J  
5143 BROAD ST.  
BROOKSVILLE, FL 34605

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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  
VSD  
MCKETHAN, LOIS  
5185 BROAD ST.  
BROOKSVILLE, FL 34605

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
EAGAN, ARDITH B  
1890 NW HIGHWAY 19  
CROSS CITY, FL 32628

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000607693  
01/31/07-80048-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Lois McKethan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois McKethan 1/24/07 352-796-3125

Date

Daytime Phone #