

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 208723

FILED
Mar 24, 2009
Secretary of State

Entity Name: GATEWAY FURNITURE, INC.

Current Principal Place of Business:

5143 BROAD ST.
BROOKSVILLE, FL 34605

New Principal Place of Business:

Current Mailing Address:

PO BOX 925
BROOKSVILLE, FL 346050925 US

New Mailing Address:

FEI Number: 59-0819743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

EAGAN, LOIS J
5143 BROAD ST.
BROOKSVILLE, FL 34605 US

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.

SIGNATURE: LOIS J. EAGAN

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: MCKETHAN, LOIS
Address: 5185 BROAD ST.
City-St-Zip: BROOKSVILLE, FL 34605

Title: PTD () Delete
Name: EAGAN, ARDITH B
Address: 1890 NW HIGHWAY 19
City-St-Zip: CROSS CITY, FL 32628

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSD (X) Change () Addition
Name: EAGAN, LOIS J
Address: 5185 BROAD ST.
City-St-Zip: BROOKSVILLE, FL 34605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS J. EAGAN

VP

03/24/2009

Electronic Signature of Signing Officer or Director

Date