


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 290113
 1. Entity Name
GATEWAY ROLLERDROME, INC.



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|---|---|
| Principal Place of Business 1855 CASSAT AVENUE JACKSONVILLE, FL 32210 | Mailing Address 1855 CASSAT AVENUE JACKSONVILLE, FL 32210 |
|---|---|

DO NOT WRITE IN THIS SPACE



02162004 No Chg-P CR2E034 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-1090386 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent
 HAFFKE, HARRY
 724 ESTATES COVE ROAD
 JACKSONVILLE, FL 32221

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000074465
 03/03/04-80020-015 150.00

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDS HAFFKE, MERLENE 724 ESTATES COVE RD. JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDT HAFFKE, HARRY D 724 ESTATES COVE RD JACKSONVILLE, FL |
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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.

SIGNATURE: *Harry D. Haffke*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____