

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90110 050 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 351200

1. Entity Name
GATEWAY CHEMICALS OF JACKSONVILLE, INC.



Principal Place of Business
**724 GOLFAIR BLVD.
JACKSONVILLE, FL 32206**

Mailing Address
**724 GOLFAIR BLVD.
JACKSONVILLE, FL 32206**

60026501



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1287689

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GODBOLD, JAKE
14667 CAPSTAN DR.
JACKSONVILLE, FL 32216**

**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, 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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	TS
NAME	GODBOLD, JEAN J.
STREET ADDRESS	14667 CAPSTAN DR.
CITY-ST-ZIP	JAX., FL
TITLE	PD
NAME	GODBOLD, JAKE M.
STREET ADDRESS	14667 CAPSTAN DR.
CITY-ST-ZIP	JAX., FL
TITLE	VP
NAME	GODBOLD, CHARLES B
STREET ADDRESS	15335 CAPSTAN DR
CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Jeann J. Godbold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06
Date

904-353-4791
Daytime Phone