

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 488085

Entity Name: GATE-PORT, INC.

FILED  
Apr 30, 2005  
Secretary of State

## Current Principal Place of Business:

123 FAIRFIELD AVE.  
JOHNSTOWN, PA 15906

## New Principal Place of Business:

165 FAIRFIELD AVE.  
JOHNSTOWN, PA 15906

## Current Mailing Address:

123 FAIRFIELD AVE.  
JOHNSTOWN, PA 15906

## New Mailing Address:

165 FAIRFIELD AVE.  
JOHNSTOWN, PA 15906

FEI Number: 59-1817513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MACY, WILLIAM  
2320 BEE RIDGE RD.  
SARASOTA, FL 34239 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DV (X) Delete  
Name: DRAGOVICH, ANN (ASSI, STA)  
Address: 123 FAIRFIELD AVE.  
City-St-Zip: JOHNSTOWN, PA

Title: PD ( ) Delete  
Name: MACY, WILLIAM  
Address: 2320 BEE RIDGE RD. LOT 146 A  
City-St-Zip: SARASOTA, FL 34239

Title: DV ( ) Delete  
Name: SZEWCZYK, LINDA J  
Address: 305 FRANKLIN ST  
City-St-Zip: JOHNSTOWN, PA 15901

Title: DST ( ) Delete  
Name: SHILEY, STANLEY  
Address: 123 FAIRFIELD AVE  
City-St-Zip: JOHNSTOWN, PA

Title: DAST ( ) Delete  
Name: GRAHAM, MICHELLE RAE  
Address: 305 FRANKLIN STREET  
City-St-Zip: JOHNSTOWN, PA 15901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition  
Name: MACY, WILLIAM  
Address: 2320 BEE RIDGE RD. LOT 146 A  
City-St-Zip: SARASOTA, FL 34239

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

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

Title: DP (X) Change ( ) Addition  
Name: GRAHAM, MICHELLE RAE  
Address: 305 FRANKLIN STREET  
City-St-Zip: JOHNSTOWN, PA 15901

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STANLEY SHILEY

S

04/30/2005

Electronic Signature of Signing Officer or Director

Date