

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 499011

1. Entity Name
WESTGATE SYSTEMS, INC.



Principal Place of Business
**2801 24TH ST N
SAINT PETERSBURG, FL 33713**

Mailing Address
**2801 24TH ST N
SAINT PETERSBURG, FL 33713**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1663285

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**O'KRENT, EDGAR
2801 24TH ST NORTH
SAINT PETERSBURG, FL 33713**

**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 re-registering)

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**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	O'KRENT, MARY LOU
STREET ADDRESS	1091 85TH TERR NO
CITY ST ZIP	ST PETERSBURG, FL 00000,
TITLE	V
NAME	BUDIN, R J
STREET ADDRESS	201 LEEWARD ISLAND
CITY ST ZIP	CLEARWATER, FL 00000,
TITLE	P
NAME	OKRENT, EDGAR
STREET ADDRESS	2801 24TH ST N
CITY ST ZIP	ST. PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

000000110394
04/12/04-80080-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Edgar OKrent* **EDGAR OKRENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-04 **727**
550-8717

DATE

Daytime Phone #