


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90445 039 ***150.00

DOCUMENT # 677794 1. Entity Name GATEWAY TITLE AND ABSTRACT COMPANY					
Principal Place of Business 111 NORTH CONGRESS AVENUE BOYNTON BEACH, FL 33426			Mailing Address 111 NORTH CONGRESS AVENUE BOYNTON BEACH, FL 33426		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2009435	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BAKER, DOROTHY 111 NORTH CONGRESS AVENUE BOYNTON BEACH, FL 33436				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees				10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				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.	
TITLE D NAME ASH, AMALIE A STREET ADDRESS 111 N. CONGRESS AVE. CITY-ST-ZIP BOYNTON BEACH, FL 33426				TITLE D/S NAME STREET ADDRESS CITY-ST-ZIP	
TITLE PSD NAME BAKER, DOROTHY STREET ADDRESS 111 N. CONGRESS AVE. CITY-ST-ZIP BOYNTON BEACH, FL				TITLE P/T/D NAME STREET ADDRESS CITY-ST-ZIP	
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