## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 697018** 

**Entity Name:** TOWNGATE CORPORATION

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

802 MABBETTE STREET
KISSIMMEE, FL 34741

805 MABBETTE STREET
KISSIMMEE, FL 34741

KISSIMMEE, FL 34741

Current Mailing Address: New Mailing Address:

802 MABBETTE STREET
KISSIMMEE, FL 34741

805 MABBETTE STREET
KISSIMMEE, FL 34741

KISSIMMEE, FL 34741

FEI Number: 59-2122523 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FORTON, RSH

802 MABBETTE STREET

KISSIMMEE, FL 34741

FORTON, RSH

805 MABBETTE STREET

KISSIMMEE, FL 34741

KISSIMMEE, FL 34741

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: R S H FORTON 04/27/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition FORTON, RODNEY SH, FORTON, RODNEY SH, Name: Name: 802 MABBETTE STREET 805 MABBETTE STREET Address: Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete Title: D (X) Change () Addition

 Name:
 FORTON, PAMELA J
 Name:
 FORTON, PAMELA J

 Address:
 802 MABBETTE ST
 Address:
 805 MABBETTE ST

 City-St-Zip:
 KISSIMMEE, FL 34741
 City-St-Zip:
 KISSIMMEE, FL 34741

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: R S H FORTON P D 04/27/2004