

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 12 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 856052

1. Entity Name
WINGATE DEVELOPMENT CORP.

Principal Place of Business
63 KENDRICK ST
NEEDHAM, MA 02494

Mailing Address
63 KENDRICK ST
NEEDHAM, MA 02494

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242004

Chg-P

CR2E034 (10/03)

4. FEI Number
04-2497459

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOCKARD, T. GENE
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

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 PD
NAME SCHUSTER, SCOTT ☐ Delete
STREET ADDRESS 63 KENDRICK ST
CITY-ST-ZIP NEEDHAM, MA 02494

TITLE V
NAME NAJARIAN, ROBERT G ☐ Delete
STREET ADDRESS 63 KENDRICK ST
CITY-ST-ZIP NEEDHAM, MA 02494

TITLE TD
NAME CALLAHAN, BRIAN ☐ Delete
STREET ADDRESS 63 KENDRICK ST
CITY-ST-ZIP NEEDHAM, MA 02494

TITLE V
NAME SCLARSIC, WILLY ☒ Delete
STREET ADDRESS 63 KENDRICK ST
CITY-ST-ZIP NEEDHAM, MA 02494

TITLE S
NAME ROBERTS, JUNE ☒ Delete
STREET ADDRESS 63 KENDRICK ST
CITY-ST-ZIP NEEDHAM, MA 02494

TITLE VD
NAME SCHUSTER, MARK ☒ Delete
STREET ADDRESS 63 KENDRICK ST
CITY-ST-ZIP NEEDHAM, MA 02494

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Secretary ☒ Change ☒ Addition
NAME Michael S. Benjamin
STREET ADDRESS 63 Kendrick Street
CITY-ST-ZIP Needham, MA 02494

TITLE ☐ Change ☐ Addition
NAME 100030670051
STREET ADDRESS 03/17/04--01052--023 **50.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 100030670051
STREET ADDRESS 03/17/04--01052--024 **100.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #