## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jul 19, 2006 08:00 AN **DOCUMENT # F47305** Secretary of State 1. Entity Name WESTGATE INVESTMENTS, INC. Principal Place of Business Mailing Address **5985 TONAWANDA DRIVE** P. O. BOX 2295 PENSACOLA, FL 32506 PENSACOLA, FL 32513-2295 US 07142006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2135803 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent ROSS, AUBREY DO NOT WRITE 176 STEARNS STREET GULF BREÉZE, FL 32561 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 reinstating) FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 6, 2006 Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD GILMORE, FREDERICK III NAME 5985 TONAWANDA DRIVE STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32506 STD TITLE U00000571153 ROSS, AUBREY L NAME 07/19/06-80003-024 150.00 STREET ADDRESS 5985 TONAWANDA DRIVE CITY-ST-ZIP PENSACOLA, FL 32506 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT! F NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 equired 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:

TITLE NAME STREET ADDRESS