


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000003846**  
 1. Entity Name  
**GATEWAY FLORIDA PROPERTIES, INC.**



Principal Place of Business 300 NORTH LAKE AVENUE SUITE 620 PASADENA, CA 91101 US	Mailing Address 300 NORTH LAKE AVENUE SUITE 620 PASADENA, CA 91101 US
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 95-4486698	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 NRAI SERVICES, INC.  
 526 EAST PARK AVENUE  
 TALLAHASSEE, FL 32301

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

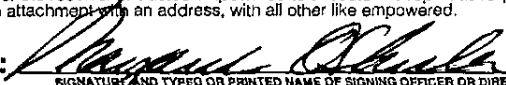
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUIR, DAVID L 300 NORTH LAKE AVE, SUITE 620 PASADENA, CA 91101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SHULER, MARGARET O 300 NORTH LAKE AVE SUITE 620 PASADENA, CA 91101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RADEMACHER, GREGG 300 NORTH LAKE AVE SUITE 620 PASADENA, CA 91101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST BUEHNER, EARL W 300 NORTH LAKE AVE., STE. 620 PASADENA, CA 91101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RICHTER, MARSHA D 300 N LAKE AVENUE STE 620 PASADENA, CA 91101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000283576  
 04/01/05-80032-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  MARGARET O SHULER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE PRESIDENT & SECRETARY

Date: 15-05 Daytime Phone #: (626) 564-6000