

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000002578

1. Entity Name
DATAGATE, INC.



Principal Place of Business
3107 N DEER RUN RD
STE 20
CARSON CITY, NV 89701

Mailing Address
1641 COMMERCE AVE N
SAINT PETERSBURG, FL 33716



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-2639065

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, JAMES
1641 COMMERCE AVE N
SAINT PETERSBURG, FL 33716

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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
P
HALL, JEFF
3107 N DEER RUN RD STE 20
CARSON CITY, NV 89701

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
HALL, KARAN
3107 N DEER RUN RD STE 20
CARSON CITY, NV 89701

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
O'CONNOR, JUDITH
17808 WILLOW LAKE DR
ODESSA, FL 33556

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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07/16/04-80007-024 550.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/04 727-577-0660
Date Daytime Phone #