

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 07, 2005 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



01042005 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 <input type="checkbox"/> \$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 \$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	P
NAME	HALL, JEFF
STREET ADDRESS	3107 N DEER RUN RD STE 20
CITY - ST - ZIP	CARSON CITY, NV 89701

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

TITLE	T
NAME	O'CONNOR, JUDITH
STREET ADDRESS	17808 WILLOW LAKE DR
CITY - ST - ZIP	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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01/07/05-80007-023 150.00

**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)(b), 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 #