

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000006766

1. Entity Name
GATEHOUSE EQUITY MANAGEMENT CORPORATION



Principal Place of Business
**111 S. WASHINGTON
BROWNSVILLE, TN 38012**

Mailing Address
**111 S. WASHINGTON
BROWNSVILLE, TN 38012**



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1539179	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

**CLINTON, J.D.
400 5TH AVENUE
SUITE 205
NAPLES, FL 34102**

**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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000426558
02/20/06-80048-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JACKSON, DAN
STREET ADDRESS	111 SOUTH WASHINGTON STREET
CITY-ST-ZIP	BROWNSVILLE, TN 38012

TITLE	D
NAME	CLINTON, J.D.
STREET ADDRESS	111 S. WASHINGTON
CITY-ST-ZIP	BROWNSVILLE, TN 38012

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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

2/2/06
Date

731-772-6097
Daytime Phone #