

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 15, 2008 8:00 am**  
**Secretary of State**

07-15-2008 90063 025 \*\*\*150.00

**DOCUMENT # H55343**

1. Entity Name  
ARBORGATE, INC.



Principal Place of Business  
5160 FT KING  
OCALA, FL 34471 US

Mailing Address  
5160 FT KING  
OCALA, FL 34471 US

**DO NOT WRITE IN THIS SPACE**



07092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2544729	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

TAIT, PATRICIA A  
5109 SE 4TH ST  
OCALA, FL 34471

**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 12, 2008**

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	PSD TAIT, PATRICIA A. 5109 S.E. 4TH ST. OCALA, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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

Date

Daytime Phone #

ATTACHMENT

40111058

*Arborgate, Inc.*  
5160 Ft. King  
Ocala, FL 34471

July 10, 2008

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

**RE: ARBORGATE, INC. - H55343**

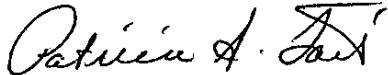
Dear Sir or Madam:

In the past years I have always received an Annual Report Notice postcard in the mail which I use to renew my Corporation Annual Report by electronic filing. This year, I did not receive any notice.

While I realize that this is my responsibility, I am respectfully requesting that you waive the late fee.

Thank you for your consideration of this most important request.

Respectfully,



Patricia A. Tait  
President