2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H66539

1. Entity Name

NORTHGATE SHOPPING CENTER, INC.



Mailing Address

9687 NAVARRE PKWY., (NAVARRE, FL 32566)

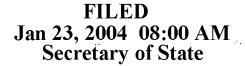
P 0 BOX 865

MARY ESTHER, FL 32569

Principal Place of Business

9687 NAVARRE PKWY., (NAVARRE, FL 32566) P o box 865

MARY ESTHER, FL 32569





DO I	NO.	ΓWF	RITE	IN	THIS	SPACE
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01182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2594883 Applied For Not Applicable

5. Certificate of Status Desired

S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIGGS, BETTY J. 9687 NAVARRE PKWY. NAVARRE, FL 32566

DO NOT WRITE IN THIS SPACE

	ove named entity submits this statement for the pations of registered agent.	ourpose of changing its registered office or	registered agent, or both, in the S	state of Florida. I am familiar with, and accept
SIGNATUR			<u> </u>	
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registered Agent signature	re required when reinstating)	DATE
	ILE NOW!!! FEE IS \$150.00 May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS		
TILE	DP MEDIIN WAROLD C			

9163 NAVARRE PARKWAY STREET ADDRESS CITY - ST-ZIP NAVARRE, FL TITLE NAME RIGGS, CLEDUS W. 9687 NAVARRE PKWY STREET ADDRESS CITY-ST-ZIP NAVARRE, FL DT TITLE MEDLIN, LOUISE C. NAME STREET ADDRESS 9163 NAVARRE PARKWAY CITY-ST-7IP NAVARRE, FL TITLE DS RIGGS, BETTY JUNE NAME STREET ADDRESS 9687 NAVARRE PKWY CITY-ST-ZIP NAVARRE, FL TITSE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

0000000011008 01/23/04-80019-017 150.00

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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)(i), 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:

Harord & Medlinghammer of Signing Officer or Director

/21/01 850 939-108

Harold C. Medlin