


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # H66539	
1. Entity Name NORTHGATE SHOPPING CENTER, INC.	

Principal Place of Business 9687 NAVARRE PKWY., (NAVARRE, FL 32566) P O BOX 865 MARY ESTHER, FL 32569	Mailing Address 9687 NAVARRE PKWY., (NAVARRE, FL 32566) P O BOX 865 MARY ESTHER, FL 32569
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01182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2594883	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 RIGGS, BETTY J. 9687 NAVARRE PKWY. NAVARRE, FL 32566

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEDLIN, HAROLD C. 9163 NAVARRE PARKWAY NAVARRE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGGS, CLEDUS W. 9687 NAVARRE PKWY NAVARRE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MEDLIN, LOUISE C. 9163 NAVARRE PARKWAY NAVARRE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RIGGS, BETTY JUNE 9687 NAVARRE PKWY NAVARRE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 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: Harold C. Medlin 1/21/04 850 939-1080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Harold C. Medlin