


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H66539</b> 1. Entity Name NORTHGATE SHOPPING CENTER, INC.	
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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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01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2594883</b>	Applied For <input type="checkbox"/> 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  RIGGS, BETTY J. 9687 NAVARRE PKWY. NAVARRE, FL 32566	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and filer 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 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	

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01/18/05-80006-003 150.00

**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)(f), 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:** Betty June Riggs 1-18-05 950-939-2356  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #