

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # J44784

1. Entity Name

GATEWAY VICTORY, INC.



Principal Place of Business

P.O. BOX 23887
TAMPA FL 33623

Mailing Address

P.O. BOX 23887
TAMPA FL 33623



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 65-0103875

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILES, JOEL B. ESQ
200 CENTRAL AVE.
SUITE 1210
ST. PETERSBURG FL 33701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 authorized agent and the filer (see instructions)

(NOTE: Registered Agent with whom required when filing this report)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BULLARD, FRED B JR
STREET ADDRESS 2325 ULMERTON RD., SUITE 20
CITY-STATE-ZIP CLEARWATER FL 33762

TITLE ☐ Change ☐ Addition
NAME 000000801532
STREET ADDRESS 02/01/08-80021-019 150.00
CITY-STATE-ZIP

TITLE VASD ☐ Delete
NAME MCNEEL, CLAYTON
STREET ADDRESS 5401 W. KENNEDY BLVD., SUITE 751
CITY-STATE-ZIP TAMPA FL 33609

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE AS ☐ Delete
NAME WOOD, RENE M.
STREET ADDRESS 5401 W. KENNEDY BLVD., SUITE 751
CITY-STATE-ZIP TAMPA FL 33609

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

1/25/08

(813) 286-8680