


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90114 009 ***158.75

DOCUMENT # K09324	
1. Entity Name TOLGATE, INC.	

Principal Place of Business 5672 STRAND CT SUITE 1 NAPLES FL 34110 US	Mailing Address 5672 STRAND CT SUITE 1 NAPLES FL 34110 US
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2. Principal Place of Business 801 ANCHOR RODE DRIVE #106 NAPLES, FL 34103	3. Mailing Address 801 ANCHOR RODE DRIVE #106 NAPLES, FL 34103
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City & State NAPLES, FL	City & State NAPLES, FL
Zip 34103	Zip 34103
Country USA	Country USA



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0016437	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KELLY, JANET 5672 STRAND CT STE #1 NAPLES FL 34110	7. Name and Address of New Registered Agent Name KELLY, JANET Street Address (P.O. Box Number is Not Acceptable) 801 ANCHOR RODE DRIVE #106 NAPLES, FL 34103 City FL Zip Code
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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 *Janet Kelly Treasurer* DATE 4/29/05
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ST	<input type="checkbox"/> Delete	TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KELLY, JANET		NAME KELLY, Janet	
STREET ADDRESS 5672 STRAND CT #1		STREET ADDRESS 801 Anchor Rode Drive #106	
CITY-ST-ZIP NAPLES FL 34110		CITY-ST-ZIP NAPLES FL 34103	
TITLE PD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARDY, ROBERT S.		NAME HARDY, Robert S.	
STREET ADDRESS 5672 STRAND COURT, STE 1		STREET ADDRESS 5659 Strand Court #101	
CITY-ST-ZIP NAPLES FL 34110		CITY-ST-ZIP NAPLES FL 34110	
TITLE VPD	<input type="checkbox"/> Delete	TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARDY, ROBERT PAUL		NAME HARDY, Robert Paul	
STREET ADDRESS 5672 STRAND COURT, STE 1		STREET ADDRESS 5659 Strand Court #101	
CITY-ST-ZIP NAPLES FL 34110		CITY-ST-ZIP NAPLES FL 34110	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Janet Kelly Treasurer* DATE 4/29/05 (239) 434-9895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #