


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # K49687 1. Entity Name GATEWAY VENTURES, INC.	
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Principal Place of Business 6518 W. HIGHWAY 98 PANAMA CITY BEACH, FL 32407 US	Mailing Address 6518 W. HIGHWAY 98 PANAMA CITY BEACH, FL 32407 US
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03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2920154	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

WHALEY, WM J 6518 W. HIGHWAY 98 PANAMA CITY BEACH, FL 32407

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$350.00**

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	PD TRENT, NOLA ANN 2422 MAGNOLIA DR PANAMA BEACH CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRENT, NOLA ANN 2422 MAGNOLIA DR. PANAMA CITY BCH FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DICKENS, HAROLD W. 2304 COCHRAN AVE. PANAMA CITY BCH FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHALEY, WILLIAM 5019 N LAGOON DR PANAMA CITY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000317089
04/20/05-80006-010 150.00

**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)(b), 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: WM J. WHALEY 4-15-05 850 234-2114
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #