2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L66386

FILED Apr 01, 2004 Secretary of State

Entity Name: GATE PALLE	T SYSTEMS, INC.			
Current Principal Place of Business:		New Principal Place of Business:		
1204 ERIE COURT CROWN PT, IN 46307 US	3			
Current Mailing Address:		New Mailing Address:		
P O BOX 23627 JACKSONVILLE, FL 3224136	527 US			
FEI Number: 59-3003809 FE	I Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Curre	ent Registered Agent:	Name and Address o	f New Registered Agent:	
MCCORMACK, JAMES E 9540 SAN JOSE BLVD JACKSONVILLE, FL 32257	US			
The above named entity submin the State of Florida.	nits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
	gnature of Registered Age	ent	Date	
Election Campaign Financing True	st Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: PDAS () Dele Name: LUKE, JOSEPH C. Address: 9540 SAN JOSE BL\ City-St-Zip: JACKSONVILLE, FL		Title: PDAS Name: LUKE, JOSE Address: 9540 SAN J City-St-Zip: JACKSONVI	OSE BLVD	

Title: () Delete Title: (X) Change () Addition SMITH, P JEREMY J SMITH, P JEREMEY Name: Name: Address: Address: 9540 SAN JOSE BLVD 9540 SAN JOSE BLVD JACKSONVILLE, FL JACKSONVILLE, FL City-St-Zip: City-St-Zip:

Title: Title: ASDT () Delete () Change () Addition

Name: LUEDERS, JACK C JR Name: 9540 SAN JOSE BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip:

Title: ATS () Delete Title: ATS (X) Change () Addition

MCCORMACK, JAMES E MCCORMACK, JAMES E Name: Name: Address: 9540 SAN JOSE BLVD Address: 9540 SAN JOSE BLVD City-St-Zip: JACKSONVILLE, FL City-St-Zip: JACKSONVILLE, FL

() Delete Title: Title: () Change () Addition

GWALTNEY, JOSEPH F JR Name: Name: Address: 9540 SAN JOSE BLVD Address: JACKSONVILLE, FL 32257 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E MCCORMACK 04/01/2004 ATS