FILED
Apr 26, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M82749

1. Entity Name
TIMBERGATE BUILDERS, INC.

Principal Place of Business	Mailing Address
% ROBERT A. MCCREARY 2166 RESERVE PK TRACE PT. ST. LUCIE, FL 34986	% ROBERT A. MCCREARY 2166 RESERVE PK TRACE PT. ST. LUCIE, FL 34986

DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0061972

Applied For
Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCREARY, ROBERT A.
2166 RESERVE PK TRACE
PORT ST. LUCIE, FL 34986

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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 Robert A. McCreary N/A
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

U00000131697
04/27/04-80016-005 158.75
DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCCREARY, ROBERT A
STREET ADDRESS	2166 RESERVE PK TRACE
CITY-ST-ZIP	PORT ST. LUCIE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Robert A. McCreary 4/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #