

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90154 024 ***150.00

DOCUMENT # P01000116797

1. Entity Name
GATEWAY BUILDING CORP.



Principal Place of Business
**3091 SE JAY STR.
STUART, FL 34997**

Mailing Address
**3091 SE JAY STR.
STUART, FL 34997**

60030027



03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number NOT APPLICABLE | 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

**MOTTO, MICHAEL N JR.
3091 SE JAY STR.
STUART, FL 34997**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOTTO, MICHAEL N JR. 1289 SW PINETREE LANE PALM CITY, FL 34990 |
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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:

Michael N. Motto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-08-05