

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000040685

Entity Name: GATEWAY 17, INC.

FILED
Mar 08, 2005
Secretary of State

Current Principal Place of Business:

3200 S HWY 95A
CANTONMENT, FL 32533

New Principal Place of Business:

3200-06 S. HWY 95A
CANTONMENT, FL 32533

Current Mailing Address:

3200 S HWY 95A
CANTONMENT, FL 32533

New Mailing Address:

4310 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

FEI Number: 02-0588279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, CHARLES L
SEVILLE TOWER 226 PALAFOX PL 9TH FL
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: DEPOND, JOHN R
Address: 3200 S. HWY 95A
City-St-Zip: CANTONMENT, FL 32533

Title: VD () Delete
Name: WHITE, FRANK E
Address: 10222 DEVONSHIRE DR
City-St-Zip: TAMPA, FL 33647

Title: SD (X) Delete
Name: DEPOND, THERESA M
Address: 3200 S. HWY 95A
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: DEPOND, JOHN R
Address: 33 E. GALVEZ COURT
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: SD (X) Change () Addition
Name: DEPOND, THERESA M
Address: 33 E. GALVEZ COURT
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: () Change () Addition
Name:
Address:
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 Statutes. 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: JOHN R. DEPOND

PRES

03/08/2005

Electronic Signature of Signing Officer or Director

Date