

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000053380

1. Entity Name
IRON GATE INTERIORS, INC.



Principal Place of Business
10276 RIVERSIDE DR.
PALM BEACH GARDENS, FL 33410

Mailing Address
10276 RIVERSIDE DR.
PALM BEACH GARDENS, FL 33410



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0694457

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, TIMOTHY
10276 RIVERSIDE DR.
PALM BEACH GARDENS, FL 33410

**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 \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME MOORE, TIMOTHY
STREET ADDRESS 10276 RIVERSIDE DR.
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE D
NAME KEATING, JOSEPH
STREET ADDRESS 10276 RIVERSIDE DR.
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

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07/07/04-80004-001 550.00

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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)(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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/04 561/775-5882
Date Daytime Phone #