


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90049 044 ***150.00

DOCUMENT # P02000062004		
1. Entity Name THE GATE STORE, INC.		

Principal Place of Business 317 CR 330 BUNNELL, FL 32110	Mailing Address 317 CR 330 BUNNELL, FL 32110
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2. Principal Place of Business - No P.O. Box # 321 BEYNON LANE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State BUNNELL FL	City & State
Zip 32110	Country

400003400



01162007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent JACKSON, WALTER S 317 CD 330 BUNNELL, FL 32110	
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7. Name and Address of New Registered Agent Name DAVIES, ANNA Street Address (P.O. Box Number is Not Acceptable) 317 BEYNON LANE City BUNNELL FL Zip Code 32110	
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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 <u>Anna Davies</u> Anna Davies 1/12/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P JACKSON, WALTER S 317 CR 330, POB 2508 BUNNELL, FL 32110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	P JACKSON, WALTER S 180 COOPER HOLLOW RD TELLICO PLAINS TN 37385 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S DAVIES, ANNA 317 CR 330, POB 2508 BUNNELL, FL 32110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	S DAVIES, ANNA 317 BEYNON LANE BUNNELL FL 32110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	D VERA, DANIEL 1005 SUTTON CIRCLE DAYTONA BEACH FL 32114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	D ROESCH, MICHAEL 5 SEASIDE COURT PALM COAST FL 32164 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.	
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SIGNATURE: <u>Anna Davies</u> Anna Davies 1/12/07 386 437 4487 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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