

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90084 013 ***150.00

DOCUMENT # P02000129364	
1. Entity Name WHALEY GATEWAY CORPORATION, INC.	

Principal Place of Business 5019 N LAGOON DRIVE PANAMA CITY BEACH, FL 32408	Vailing Address 5019 N LAGOON DRIVE PANAMA CITY BEACH, FL 32408
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94039150



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03262004 Chg-P CR2E034 (10/03)

4. FEI Number 06-1667167	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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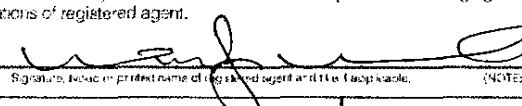
6. Name and Address of Current Registered Agent

POPE, CRANSTON
438 N COVE BLVD
PANAMA CITY, FL 32401

7. Name and Address of New Registered Agent

Name
WILLIAM D. WHALEY
Street Address (P.O. Box Number's Not Acceptable)
5019 N. LAGOON DR
PANAMA CITY BEACH FL
City
FL Zip
32408

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  **W.M.S. WHALEY** 3-26-04
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when re-appointing) 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
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10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	WHALEY, WILLIAM	
STREET ADDRESS	5019 N LAGOON DR	
CITY-ST-ZIP	PANAMA CITY BCH, FL 32408	

TITLE	D	☐ Delete
NAME	MOREJON, MARGARET	
STREET ADDRESS	7901 N LAGOON DR	
CITY-ST-ZIP	PANAMA CITY BCH, FL 32408	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

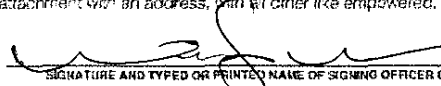
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **W.M.S. WHALEY** 3-26-04 80234-5225
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #