

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000129364

1. Entity Name

WHALEY GATEWAY CORPORATION, INC.



Principal Place of Business

5019 N LAGOON DRIVE
PANAMA CITY BEACH, FL 32408

Mailing Address

5019 N LAGOON DRIVE
PANAMA CITY BEACH, FL 32408



03292005

No Chg-P

CR2E034 (10/03)

4. FEI Number

06-1667167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WHALEY, WILLIAM O
5019 N LAGOON DR.
PANAMA CITY, FL 32408

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	D
NAME	WHALEY, WILLIAM
STREET ADDRESS	5019 N LAGOON DR
CITY-ST-ZIP	PANAMA CITY BCH, FL 32408
TITLE	D
NAME	MOREJON, MARGARET
STREET ADDRESS	7901 N LAGOON DR
CITY-ST-ZIP	PANAMA CITY BCH, FL 32408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000317087
04/20/05-80006-009 150.00

**DO NOT WRITE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.M.J. Whaley

4-18-05

850 234 2114