


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000084304	
1. Entity Name GATEWAY TO THE ARTS, INCORPORATED	

Principal Place of Business 146 2 STREET N. 110 ST. PETERSBURG, FL 33701	Mailing Address 146 2 STREET N. 110 ST. PETERSBURG, FL 33701
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04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FORTUNE, RICHARD W
146 2 STREET N.
110
ST. PETERSBURG, FL 33701**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

000000912326
05/07/08-80076-014 150.00

10. OFFICERS AND DIRECTORS

TITLE PD	DO NOT WRITE IN THIS SPACE
NAME FORTUNE, RICHARD W	
STREET ADDRESS 146 2 STREET N #110	
CITY-ST-ZIP ST. PETERSBURG, FL 33701	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	DO NOT WRITE IN THIS SPACE
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TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08 727 8671264
Date Daytime Phone #