


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90019 004 ***150.00

DOCUMENT # P03000154149

1. Entity Name
 GULF GATE FRAME CENTER, INC.



Principal Place of Business Mailing Address

6510 GATEWAY AVENUE 6510 GATEWAY AVENUE
 SARASOTA, FL 34231 SARASOTA, FL 34231

60005023



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

6506 GATEWAY AVE 6506 GATEWAY AVE

Suite, Apt. #, etc. Suite, Apt. #, etc.

01172007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For

05-0593160 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

DIETZ, MARK
~~6510 GATEWAY AVE~~
 SARASOTA, FL 34231

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 6506 GATEWAY AVE

City FL Zip Code

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	DIETZ, MARK A 6510 GATEWAY AVENUE SARASOTA, FL 34231	TITLE Change	6506 GATEWAY AVE
TITLE VP	DIETZ, HEATHER 6510 GATEWAY AVE SARASOTA, FL 34231	TITLE Change	6506 GATEWAY AVE
TITLE		TITLE	
TITLE		TITLE	
TITLE		TITLE	
TITLE		TITLE	

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: MARK DIETZ 1/17/07 941/924-6633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #