## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

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DOCUMENT # P0400001213  1. Entity Name DARNELL GATEWOOD, INC.	39			Se	ecretary of S	
128 JUPITER ROAD	Mailing Address 128 JUPITER ROAD ST. AUGUSTINE, FL 32086				HOTO HODO BOOG HILL HOURS II MOR	
DO NOT WRITE IN THIS SPA		CE	04082008 4. FEI Number	No Chg-P CF	R2E034 (11/05)	
Name and Address of Current Regi	stered Agent		20-065 5. Certificate	8516 of Status Desired	\$8.75 Additional Fee Required	
GATEWOOD, DARNELL L 128 JUPITER ROAD ST. AUGUSTINE, FL 32086  8. The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its register	ed office or regis	IN 1	NOT WRI	CE	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required			ired when reinstating)	d when reinstating) DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	" — *	55.00 May Be dded to Fees	U0000090 05/01/08-80	05117 0039-022 150.00	
10.         OFFICERS AND DIRE           TITLE         P           NAME:         GATEWOOD, DARNELL           STREET ADDRESS         128 JUPITER RD           CHY-SI-ZIP         SAINT AUGUSTINE, FL 32086	ECTORS					
TITLE NAME STREET ADDRESS CHY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	,	
TITLE  NAME: STREET ADDRESS CITY-S1-ZIP TITLE: NAME:				NOT WRI		
STREET ADDRESS		I				

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:

CITY-ST-ZIP

TITLE ...
NAME :
STREET ADDRESS
CITY-ST-ZIP

TITLE :
NAME :
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08

904-794-2274