

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90028 015 ***150.00

DOCUMENT # P04000027407

1. Entity Name
WESTERN GATE CONSTRUCTION, INC.



Principal Place of Business

**6751 HUNT ST.
MILTON, FL 32570**

Mailing Address

**P.O. BOX 823
MILTON, FL 32572**

2. Principal Place of Business - No P.O. Box #
6553 LAKESHORE DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MILTON FL

City & State

4. FEI Number

34-1980126

Applied For

Not Applicable

Zip

32570

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

03202007

Chg-P

CR2E034 (12/06)



6. Name and Address of Current Registered Agent

**CORNELISON, THOMAS M
6751 HUNT ST.
MILTON, FL 32570**

7. Name and Address of New Registered Agent

Name

CORNELISON, Thomas M.

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

6553 LAKESHORE DR

City

MILTON

FL

Zip Code

32570

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 **Thomas M. Cornelison**
Signature, typed or printed name of registered agent and title if applicable.

Thomas M. CORNELISON
(NOTE: Registered Agent signature required when reinstating)

3/20/07
DATE

**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

TITLE ☐ Delete
NAME **D CORNELISON, THOMAS M**
STREET ADDRESS **6751 HUNT ST.**
CITY-ST-ZIP **MILTON, FL 32570**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **CORNELISON, Thomas M.**
STREET ADDRESS **6553 LAKESHORE DR**
CITY-ST-ZIP **MILTON, FL 32570**

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

TITLE ☐ Change ☐ Addition
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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 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: **Thomas M. Cornelison** **Thomas M. CORNELISON** **3/20/07**

(251) 379-2357