## .2008 FOR PROFIT CORPORATION

## Jan 22, 2008 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P04000053643** 01-22-2008 90058 049 \*\*\*158.75 1. Entity Name FINANCIAL GATES, INC. Principal Place of Business Mailing Address 40007076 P.O. 80X 138685 3520 COUNTRY RD 579 S CLERMONT, FL 34713 WIMAUMA, FL 33598 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1626 P.O. Box Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01152008 Chg-P City & State City & State 4. FEI Number Applied For Alabama Pelham 20-0932617 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 35124 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GATES, BRIAN K Street Address (P.O. Box Number is Not Acceptable) 12932 CNTY RD 474 CLERMONT, FL 34713 City Zip Code FL 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D TITLE Change ☐ Addition ☐ Delete GATES, BRIAN K NAME NAME STREET ADDRESS 12932 CNTY RD 474 STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34714 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NARAE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Vates

**FILED**