

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000067738

1. Entity Name

G.A.T.E. CLEANING SERVICE, INCORPORATED



Principal Place of Business

6106 FOREST HILL BLVD.
#209
WEST PALM BEACH FL 33415

Mailing Address

6106 FOREST HILL BLVD.
#209
WEST PALM BEACH FL 33415



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 73-1703620

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANIPE, GARRETT L JR.
6106 FOREST HILL BLVD
#209
WEST PALM BEACH FL 33415

Name

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

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

Signature, typed or printed name of registered agent and title, if applicable

(If NOT Registered Agent's signature, sign and print name of authorized officer)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CANIPE, GARRETT L JR
6106 FOREST HILL BLVD.
WEST PALM BEACH FL 33415 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000000870274
04/09/08-80084-009 150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CANIPE, ELGA M
6106 FOREST HILL BLVD.
WEST PALM BEACH FL 33415 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Garrett L. Canipe Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-08

561-236-0332

Date

Daytime Phone #