


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90098 045 ***150.00

DOCUMENT # P04000098518					
1. Entity Name CENTER GATE PROFESSIONAL SERVICES, INC.					
Principal Place of Business 5560 BEE RIDGE ROAD SUITE D-2 SARASOTA, FL 34233			Mailing Address 5560 BEE RIDGE ROAD SUITE D-2 SARASOTA, FL 34233		
2. Principal Place of Business 3737 S. TUTTLE AVE.		3. Mailing Address 3737 S. TUTTLE AVE.		50050156	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05022005 Chg-P CR2E034 (10/03)	
City & State SARASOTA, FL		City & State SARASOTA, FL		4. FEI Number 20-1930444	
Zip 34239		Country SARASOTA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCRAE, BARBARA N 5560 BEE RIDGE ROAD D-2 SARASOTA, FL 34233				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P, S NAME MCRAE, BARBARA N STREET ADDRESS 5560 BEE RIDGE ROAD, SUITE D-2 CITY - ST - ZIP SARASOTA, FL 34233	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP, T NAME MCRAE, WESLEY D JR. STREET ADDRESS 5560 BEE RIDGE ROAD, SUITE D-2 CITY - ST - ZIP SARASOTA, FL 34233	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/30/05 Date Daytime Phone #		