## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## FILED

Jan 07, 2005 8:00 am Secretary of State
01-07-2005 90020 028 ***150.00

**DOCUMENT # P04000117700** 1. Entity Name AUTOMATED GATE REPAIR, INC. Principal Place of Business Mailing Address 50000673 6041 33RD ST. EAST P.O. BOX 1182 TALLAVAST, FL 34270-1182 BRADENTON, FL 34203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01032005 CB2E034 (10/03) Cha-P 4. FEI Number 30 - 0277/97 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCINTOSH, JAMES Street Address (P.O. Box Number is Not Acceptable) 6041 33RD ST. EAST BRADENTON, FL 34203 Zip Code FL a. 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remutating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 511 OFFICERS AND DIRECTORS 10. Change Addition ☐ Delete TITLE TITLE NAME MCINTOSH, JAMES NAME STREET ADDRESS 6041 33RD ST. EAST STREET ADDRESS CMY-SY-2IP BRADENTON, FL 34203 COY-SY-ZIP Addition TITILE ☐ Change ☐ Dalete TITLE Ryan L. Hauser 5006B-22ND AUE W NAME: NAME STREET ADDRESS STREET AUDRESS Bradenton F1 34207 CHY-ST-ZIP CHY-SI-ZIP Z Addition ☐ Delete TITLE Change mue RICHALD P. KUZNICZEI NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP Addition ☐ Change THILE ☐ Delete TOTLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST-ZIP Addition THILE Change THLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-SI-7IP 12. Thereby 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 it 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 pre-empowered.

SIGNATURE:

ames SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR -4-05

Caytime Phone #