## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Jun 28, 2006 8:00 am Secretary of State DOCUMENT # P05000008195 06-28-2006 90001 018 \*\*\*550.00 GATEWAY TECHNOLOGY SERVICES CORP. Principal Place of Business Mailing Address 11109 LAKELAND CIRCLE 11109 LAKELAND CIRCLE FORT MYERS FL 33913 FORT MYERS FL 33913 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLAUS, JOHN Street Address (P.O. Box Number is Not Acceptable) 11109 LAKELAND CIRCLE FORT-MYERS-FL 33913 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, typen or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE P/D ☐ Delete TITLE ☐ Addition ☐ Change CLAUS, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 11109 LAKELAND CIRCLE CITY-S1-ZIP FORT MYERS FL 33913 CITY-ST-ZIP TITLE VP/D ☐ Delete TITLE ☐ Change ☐ Addition NAME CLAUS, CYNTHIA NAME STREET ADDRESS STREET ADDRESS 11109 LAKELAND CIRCLE CITY-ST-ZIP FORT MYERS FL 33913 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME CLAUS, JOHN STREET ADDRESS STREET ADDRESS 11109 LAKELAND CIRCLE CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33913 TITLE Delete TITLE Change ☐ Addition NAME CLAUS, CYNTHIA NAME 11109 LAKELAND CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33913 CITY-ST-ZIP Delete TITLE Chance ☐ Addition 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 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.

TITLE

NAME

STREET ADDRESS CITY-ST-7IP

SIGNATURE: \_

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

FILED

☐ Change

☐ Addition