


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 28, 2006 8:00 am
Secretary of State

06-28-2006 90001 018 ***550.00

DOCUMENT # P05000008195 1. Entity Name GATEWAY TECHNOLOGY SERVICES CORP.					
Principal Place of Business 11109 LAKELAND CIRCLE FORT MYERS FL 33913			Mailing Address 11109 LAKELAND CIRCLE FORT MYERS FL 33913		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">04-3804720</div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CLAUS, JOHN 11109 LAKELAND CIRCLE FORT-MYERS-FL 33913			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAUS, JOHN		NAME		
STREET ADDRESS	11109 LAKELAND CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33913		CITY-ST-ZIP		
TITLE	VP/D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAUS, CYNTHIA		NAME		
STREET ADDRESS	11109 LAKELAND CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33913		CITY-ST-ZIP		
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STREET ADDRESS	11109 LAKELAND CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33913		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John D. Claus

6/1/06

239-989-3574