2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# P05000051207

Entity Name: GATEWAY FINANCIAL HOLDINGS OF FLORIDA, INC.

Current Principal Place of Business:

112 NOVA ROAD
ORMOND BEACH, FL 32173

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 731619
ORMOND BEACH, FL 32173 US

New Mailing Address:

FEI Number: 20-2945826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAHOLIAS, DAVID
112 NOVA ROAD
ORMOND BEACH, FL 32173 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DIR	( ) Delete
Name:	FLEUCHAUS, P. T. CHAIRMA	
Address:	200 SOUTH BEACH STREET	
City-St-Zip:	ORMOND BEACH, FL 32174 US	
Title:	DIR	( ) Delete
Name:	MILLER, SANFORD D VICE CH	
Address:	444 SEABREEZE BLVD SUITE 1002	
City-St-Zip:	DAYTONA BEACH, FL 32174 US	
Title:	DIR	( ) Delete
Name:	ANDERSON, GEORGE	
Address:	315 NORTH ATLANTIC AVENUE	
City-St-Zip:	DAYTONA BEACH, FL 32118 US	
Title:	DIR	( ) Delete
Name:	RITCHEY, GLENN	
Address:	551 NORTH NOVA ROAD	
City-St-Zip:	DAYTONA BEACH, FL 32114 US	
Title:	DIR	( ) Delete
Name:	MAHOLIAS, DAVID DIRECTO	
Address:	1 HUNTSMAN LOOK	
City-St-Zip:	ORMOND BEACH, FL 32174 US	
Title:	DIR	( ) Delete
Name:	EDDY, RAYMOND	
Address:	45 SETON TRAIL	
City-St-Zip:	ORMOND BEACH, FL 32176	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MAHOLIAS DIR 04/04/2007

Electronic Signature of Signing Officer or Director — Date