

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000050937

FILED  
Jan 13, 2008  
Secretary of State

Entity Name: MAINGATE EAST DEVELOPMENT, INC.

## Current Principal Place of Business:

1800 US 1 NORTH  
ORMOND BEACH, FL 32174

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 730071  
ORMOND BEACH, FL 321730071

## New Mailing Address:

FEI Number: 20-4668903

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LARSEN, RICHARD E ESQ  
55 E PINE STREET  
ORLANDO, FL 32801 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: MGRM ( ) Delete  
Name: ATANASOSKI, JOHN  
Address: PO BOX 730071  
City-St-Zip: ORMOND BEACH, FL 321730071

Title: MGRM ( ) Delete  
Name: ATANASOSKI, JOSIF  
Address: PO BOX 730071  
City-St-Zip: ORMOND BEACH, FL 321730071

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JOHN ATANASOSKI

MGRM

01/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date