



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90197 041 ***150.00

DOCUMENT # P93000002386 1. Entity Name GATEWAY STORAGE COMPANY					
Principal Place of Business 11934 FAIRWAY LAKES DRIVE SUITE #2 FORT MYERS, FL 33913 US			Mailing Address 11934 FAIRWAY LAKES DRIVE SUITE #2 FORT MYERS, FL 33913 US		
2. Principal Place of Business 11934 Fairway Lakes Dr		3. Mailing Address SAME			
Suite, Apt. #, etc. #3		Suite, Apt. #, etc. SAME		04192006 Chg-P CR2E034 (11/05)	
City & State Fort Myers, FL		City & State Fort Myers, FL		4. FEI Number 65-0381629	
Zip 33913		Zip 33913		Country USA	
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 DOCKERY, SAMUEL E 11934 FAIRWAY LAKES DR SUITE #2 FT MYERS, FL 33913			7. Name and Address of New Registered Agent Name Dockery, Samuel E. Street Address (P.O. Box Number is Not Acceptable) 11934 Fairway Lakes Dr. Suite #3 City Fort Myers FL Zip Code 33913		
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 <u><i>Samuel E. Dockery</i></u> Samuel E. Dockery, President 4/25/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME DOCKERY, SAMUEL E STREET ADDRESS 11930 FAIRWAY LAKES DR CITY-ST-ZIP FT MYERS, FL 33913	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPST NAME DOCKERY, PAMELA R STREET ADDRESS 11930 FAIRWAY LAKES DRIVE CITY-ST-ZIP FORT MYERS, FL 33913	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <u><i>Samuel E. Dockery</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Samuel E. Dockery, Pres 4/25/06 <small>Date</small>		
239-768-5070 <small>Daytime Phone #</small>					