
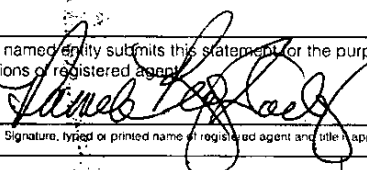
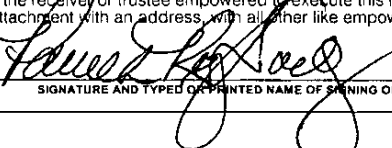


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90180 007 \*\*\*150.00

<b>DOCUMENT # P93000002386</b>						
<b>1. Entity Name</b> GATEWAY STORAGE COMPANY						
<b>Principal Place of Business</b> 11934 FAIRWAY LAKES DRIVE SUITE #3 FORT MYERS, FL 33913 US			<b>Mailing Address</b> 11934 FAIRWAY LAKES DRIVE SUITE #2 FORT MYERS, FL 33913 US			
<b>2. Principal Place of Business - No P.O. Box #</b> 11934 Fairway Lakes Dr.		<b>3. Mailing Address</b> SAME				
Suite, Apt. #, etc. <b>Suite #3</b>		Suite, Apt. #, etc.				
City & State <b>Fort Myers, FL</b>		City & State		<b>4. FEI Number</b> 65-0381629		
Zip <b>33913</b>		Country <b>USA</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  DOCKERY, SAMUEL E 11934 FAIRWAY LAKES DR SUITE #3 FT MYERS, FL 33913			<b>7. Name and Address of New Registered Agent</b> Name <b>Dockery, Pamela Reitz</b> Street Address (P.O. Box Number is Not Acceptable) <b>11934 Fairway Lakes Dr.</b> Suite #3 City <b>Fort Myers</b> <b>FL</b> <b>33913</b>			
<b>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.</b> SIGNATURE  <b>Pamela Reitz Dockery, President</b> <b>4-25-07</b> <small>Signature, typed or printed name of registered agent and title, as applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> DOCKERY, SAMUEL E 11930 FAIRWAY LAKES DR FT MYERS, FL 33913		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST</b> DOCKERY, PAMELA R 11930 FAIRWAY LAKES DRIVE FORT MYERS, FL 33913		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST VP</b> Pamela Reitz Dockery 11934 Fairway Lakes Dr. - S#3 Fort Myers, FL 33913	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>						
<b>SIGNATURE:</b> 				<b>Pamela Reitz Dockery, Pres.</b> <b>4-25-07</b> <b>239-768-5070</b> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

40085144

