


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000003238 1. Entity Name THE GATES OF LAKE REGION, INC.	
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Principal Place of Business 290 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880	Mailing Address P.O. BOX 1439 WINTER HAVEN, FL 33880
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DO NOT WRITE IN THIS SPACE



03052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3241911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NOLAN, J. MICHAEL 290 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000269342 03/19/05-80007-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OWEN, BRYAN 1012 BILTMORE DRIVE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLLANY, RANDY SR 141 LAKE OTIS ROAD WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLLANY, RANDY JR 1103 CYPRESS GARDENS BLVD., APT. 42 WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOLAN, J. MICHAEL 290 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: J. M. Nolan J. M. NOLAN 3-12-05 863-294-7541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #