

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000068988

1. Entity Name  
GATEWAY DESIGNS, INC.



Principal Place of Business  
18468 S.E. HERITAGE DRIVE  
TEQUESTA, FL 33469

Mailing Address  
18468 S.E. HERITAGE DRIVE  
TEQUESTA, FL 33469



01242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0523156	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**

JOANN G. SEAWAY  
18468 S. E. HERITAGE DRIVE  
TEQUESTA, FL 33469

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME	P SEAWAY, JOANN G
STREET ADDRESS	18468 S.E. HERITAGE DR.
CITY-ST-ZIP	TEQUESTA, FL 33469

TITLE NAME	VP SEAWAY, WILLIAM T
STREET ADDRESS	18468 SE HERITAGE DR.
CITY-ST-ZIP	JUPITER, FL 33469

TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000414799  
02/11/06-80050-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #