

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000085839

1. Entity Name
MARGATE CORPORATE, INC.



FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90287 011 ***150.00

Principal Place of Business
**21301 POWERLINE RD
SUITE 312
BOCA RATON, FL 33433 US**

Mailing Address
**PO BOX 11229
KNOXVILLE, TN 37939 US**



02252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3281517	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WALTERS, CLIFFORD L
802 11TH STREET WEST
BRADENTON, FL 34205**

**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, 2005 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 STREET ADDRESS CITY-ST-ZIP	PD LEVIN, RICHARD 1733 WEST FLETCHER AVENUE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STEVEN LEVIN 21301 POWERLINE ROAD SUITE #312 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SUZANNE RICE 1733 W FLETCHER AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK A FERRUCCI 1209 ORANGE STREET WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEVIN, JILL 5410 HOMBERG DR STE A KNOXVILLE, TN 37919
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)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/05
Date

Daytime Phone #

Jill Levin, Treasurer