

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90043 018 ***158.75

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1. Entity Name

FT. GATES FERRY & GATEWAY FISH CAMP, INC.



Principal Place of Business

103 DOUGLAS ST
CRESCENT CITY FL 32112

Mailing Address

103 DOUGLAS ST
CRESCENT CITY FL 32112

2. Principal Place of Business

229 Ft Gates Ferry Rd
Suite, Apt. #, etc.

3. Mailing Address

229 Ft Gates Ferry Rd
Suite, Apt. #, etc.

City & State

Crescent City FL

City & State

Crescent City FL

4. FEI Number

59-3428544

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

HACKETT, RICHARD C
STAR ROUTE #1, BOX 350
CRESCENT CITY FL 32112

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME HACKETT, RICHARD C
STREET ADDRESS STAR RTE 2, BOX 372A
CITY-ST-ZIP CRESCENT CITY FL

TITLE V ☒ Delete
NAME HACKETT, CATHERINE C
STREET ADDRESS STAR RTE 2, BOX 372A
CITY-ST-ZIP CRESCENT CITY FL

TITLE T ☒ Delete
NAME JONES, DALE L
STREET ADDRESS HC 1 BOX 350
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE S ☒ Delete
NAME JONES, ELLA M
STREET ADDRESS HC 1 BOX 350
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P HACKETT, RICHARD C ☒ Change ☐ Addition
NAME
STREET ADDRESS 103 Douglas St
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE V JONES, DALE L ☒ Change ☐ Addition
NAME
STREET ADDRESS PO Box 795
CITY-ST-ZIP WELAKA FL 32193

TITLE TS JONES, Leticia Y ☒ Change ☐ Addition
NAME
STREET ADDRESS PO Box 795
CITY-ST-ZIP WELAKA FL 32193

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Richard C. Hackett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard C. Hackett (Pres) 2-23-04
Date Daytime Phone #
386-467-2411