

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000103792

1. Entity Name
FT. GATES FERRY & GATEWAY FISH CAMP, INC.



Principal Place of Business
229 FT. GATES FERRY RD.
CRESCENT CITY, FL 32112

Mailing Address
229 FT. GATES FERRY RD.
CRESCENT CITY, FL 32112



07112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3428544

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME HACKETT, RICHARD C
STREET ADDRESS 103 DOUGLAS ST.
CITY-ST-ZIP CRESCENT CITY, FL 32112

TITLE V
NAME JONES, DALE W
STREET ADDRESS P.O. BOX 795
CITY-ST-ZIP WELAKA, FL 32193

TITLE TS
NAME JONES, LETICIA
STREET ADDRESS P.O. BOX 795
CITY-ST-ZIP WELAKA, FL 32193

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000571628
07/21/06-80004-001 158.75

**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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Dale W. Jones **Dale W. Jones** **V** **7/17/06** **386-467-2411**