

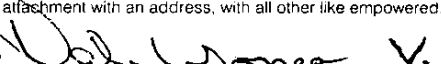


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2008 8:00 am**  
**Secretary of State**

09-09-2008 90001 016 \*\*\*558.75

<b>DOCUMENT # P96000103792</b> 1. Entity Name <b>FT. GATES FERRY &amp; GATEWAY FISH CAMP, INC.</b>																																																																																																																			
Principal Place of Business <b>229 FT. GATES FERRY RD. CRESCENT CITY, FL 32112</b>			Mailing Address <b>229 FT. GATES FERRY RD. CRESCENT CITY, FL 32112</b>																																																																																																																
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>40113403</b>  																																																																																																															
City & State  Zip      Country		City & State  Zip      Country		07072008      Chg-P      CR2E034 (12/06)																																																																																																															
4. FEI Number <b>59-3428544</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																																															
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>HACKETT, RICHARD C STAR ROUTE #1, BOX 350 CRESCENT CITY, FL 32112</b>																																																																																																															
7. Name and Address of New Registered Agent Name <b>Hackett Richard C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>229 Fort Gates Ferry Rd</b> City <b>Crescent City</b> <b>FL</b> Zip Code <b>32112</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																																																																																																															
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P HACKETT, RICHARD C</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>103 DOUGLAS ST.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CRESCENT CITY, FL 32112</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>V JONES, DALE W</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>P.O. BOX 795</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>WELAKA, FL 32193</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>TS JONES, LETICIA</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>P.O. BOX 795</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>WELAKA, FL 32193</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>S JONES, ELLA M</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HC 1 BOX 350</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CRESCENT CITY, FL 32112</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P HACKETT, RICHARD C	<input type="checkbox"/> Delete	NAME	103 DOUGLAS ST.		STREET ADDRESS	CRESCENT CITY, FL 32112		CITY-ST-ZIP			TITLE	V JONES, DALE W	<input type="checkbox"/> Delete	NAME	P.O. BOX 795		STREET ADDRESS	WELAKA, FL 32193		CITY-ST-ZIP			TITLE	TS JONES, LETICIA	<input type="checkbox"/> Delete	NAME	P.O. BOX 795		STREET ADDRESS	WELAKA, FL 32193		CITY-ST-ZIP			TITLE	S JONES, ELLA M	<input checked="" type="checkbox"/> Delete	NAME	HC 1 BOX 350		STREET ADDRESS	CRESCENT CITY, FL 32112		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS		STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS		STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS		STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	P HACKETT, RICHARD C	<input type="checkbox"/> Delete																																																																																																																	
NAME	103 DOUGLAS ST.																																																																																																																		
STREET ADDRESS	CRESCENT CITY, FL 32112																																																																																																																		
CITY-ST-ZIP																																																																																																																			
TITLE	V JONES, DALE W	<input type="checkbox"/> Delete																																																																																																																	
NAME	P.O. BOX 795																																																																																																																		
STREET ADDRESS	WELAKA, FL 32193																																																																																																																		
CITY-ST-ZIP																																																																																																																			
TITLE	TS JONES, LETICIA	<input type="checkbox"/> Delete																																																																																																																	
NAME	P.O. BOX 795																																																																																																																		
STREET ADDRESS	WELAKA, FL 32193																																																																																																																		
CITY-ST-ZIP																																																																																																																			
TITLE	S JONES, ELLA M	<input checked="" type="checkbox"/> Delete																																																																																																																	
NAME	HC 1 BOX 350																																																																																																																		
STREET ADDRESS	CRESCENT CITY, FL 32112																																																																																																																		
CITY-ST-ZIP																																																																																																																			
TITLE		<input type="checkbox"/> Delete																																																																																																																	
NAME																																																																																																																			
STREET ADDRESS																																																																																																																			
CITY-ST-ZIP																																																																																																																			
TITLE		<input type="checkbox"/> Delete																																																																																																																	
NAME																																																																																																																			
STREET ADDRESS																																																																																																																			
CITY-ST-ZIP																																																																																																																			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																	
NAME	STREET ADDRESS																																																																																																																		
STREET ADDRESS	CITY-ST-ZIP																																																																																																																		
CITY-ST-ZIP																																																																																																																			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																	
NAME	STREET ADDRESS																																																																																																																		
STREET ADDRESS	CITY-ST-ZIP																																																																																																																		
CITY-ST-ZIP																																																																																																																			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																	
NAME	STREET ADDRESS																																																																																																																		
STREET ADDRESS	CITY-ST-ZIP																																																																																																																		
CITY-ST-ZIP																																																																																																																			
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.																																																																																																																			
<b>SIGNATURE:</b>  <b>V.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>9/3/08</b> <b>386-467-2411</b> <small>Date      Daytime Phone #</small>																																																																																																															