

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT# P97000039400

1. Entity Name
STONEGATE MANAGEMENT CORP.



Principal Place of Business
3145 N.W. 38TH STREET
MIAMI, FL 33142

Mailing Address
3145 N.W. 38TH STREET
MIAMI, FL 33142



DO NOT WRITE IN THIS SPACE

04232005 NoChg-P CR2E034(10/03)

4. FEI Number
65-0771321

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RACY, SCOTT
3145 N.W. 38TH STREET
MIAMI, FL 33142

**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 obligation of, the registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when re-instating)

Date

4/29/05

**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
P
RACY, SCOTT
3145 N.W. 38TH STREET
MIAMI, FL 33142

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

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)(f), 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 a man 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

SCOTT K. RACY

4/29/05 786.229.3913

Date

Daytime Phone #