

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000041651 1. Entity Name THE GARDEN GATE, INC.	
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Principal Place of Business 2251 N. FED. HWY POMPANO BEACH, FL 33062	Mailing Address 4510 NE 15TH AVENUE POMPANO BEACH, FL 33064
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0756575	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TORREY, DONNA 4510 NE 15TH AVENUE POMPANO BEACH, FL 33064

**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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	DATE 04/14/08-80029-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TORREY, DONNA 4510 NE 15TH AVENUE POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTS TORREY, JEFFREY 4510 NE 15TH AVENUE POMPANO BEACH, FL 33064
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  **4-1-08** **954-783-1189**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone