


2004 FOR PROFIT CORPORATION ANNUAL REPORT

10f2

DOCUMENT # P98000028245		
1. Entity Name ECHELON GATEWAY, INC.		

FILED

04 APR 23 PM 3: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 235-3RD STREET SOUTH STE 200 ST PETERSBURG, FL 33701	Mailing Address 235-3RD STREET SOUTH STE 200 ST PETERSBURG, FL 33701
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03182004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3500511	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
--	--

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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LECLAIR, DARYL A 235-3RD STREET SOUTH, SUITE 300 SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Johnson, Susan G. 235-3rd Street South, Suite 200 St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAGGI, JULIO 235-3RD STREET SOUTH, SUITE 200 SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DVT S Stroud, J. Mark 235-3rd Street South, Suite 200 St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS STRAUD, J. MARK 235-3RD STREET SOUTH, SUITE 200 SAINT PETERSBURG, FL 33701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300033774283
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or without being empowered.

SIGNATURE:  J. Mark Stroud 4/21/04 721-803-8212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8



CORPORATION SERVICE COMPANY

20f2

ACCOUNT NO. : 072100000032

REFERENCE : 587209 7287317

AUTHORIZATION :

Patricia Pizito

COST LIMIT :

~~\$ 50.00~~ *150.00* *PKS*

ORDER DATE : April 23, 2004

ORDER TIME : 12:07 PM

ORDER NO. : 587209-135

CUSTOMER NO: 7287317

CUSTOMER: Ms. Amy Crisp
Airem Capital Group
Suite 200
235 3rd Street South
Saint Petersburg, FL 33701

ANNUAL REPORT FILING

NAME: ECHELON GATEWAY, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: DEBBIE SKIPPER - Ext.

EXAMINER'S INITIALS: _____

RECEIVED
04 APR 23 PM 1:46
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA