

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000069787**

1. Entity Name  
**PORT ORANGE GATEWAY CENTER, INC.**



Principal Place of Business  
**2813 S. HIAWASSEE RD., STE 108B  
ORLANDO, FL 32835**

Mailing Address  
**POST OFFICE BOX 730  
WINDERMERE, FL 34786**

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3530131**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HUBER, DONALD M  
2813 S. HIAWASSEE RD., STE 108B  
ORLANDO, FL 32833**

**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  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000046121  
02/11/04-80090-001 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HUBER, DONALD M
STREET ADDRESS	803 WHITFORD CT.
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	VPST
NAME	HOOKE, DOUGLAS
STREET ADDRESS	5511 HANSEL AVE.
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 all other like empowered.

**SIGNATURE:**

*Donald M. Huber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 9, 2004*

Date

Daytime Phone #