2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 22, 2004 8:00 am Secretary of State DOCUMENT # P98000090991 1. Entity Name 03-22-2004 90086 039 ***158.75 CITYGATE COMMERCIAL, INC. Principal Place of Business Mailing Address 5672 STRAND COURT 5672 STRAND COURT SUITE 1 SUITE 1 NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3554973 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Janet Kelli NAPLES-LAWDOCK, INC. Street Address (P.O. Box Number is Not Acceptable) 4501 TAMIAMI TR. N., STE. 300 NAPLES FL 34103 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 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HARDY ROBERT S. TITLE □ Delete TITLE Change HARDY, ROBERT 5672 STRAND COURT #1 NAME NAME STREET ADDRESS 5692 STRAND COURT SUITE 3 STREET ADDRESS **NAPLES, FL 34110** CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME KELLY, JANET 5672 STRAND COURT STE 1 STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-7IP CITY-ST-ZIP TITLE VPD ☐ Delete 👿 Change ☐ Addition HARDY PAUL NAME HARDY, PAUL NAME STREET ADDRESS 5692 STRAND COURT SUITE 1 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP 5672 STRAND COURT #1 Change ☐ Delete TITLE TITLE ☐ Addition NAPLES, FL 34110 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ 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 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:

FILED