

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000067870

1. Entity Name
GATE SYSTEMS, INC.



Principal Place of Business
**6048 N.W. OAK HILL AVENUE
ARCADIA, FL 34266**

Mailing Address
**6048 N.W. OAK HILL AVENUE
ARCADIA, FL 34266**



04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3596809

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TUCKER, JOHN D
6048 N.W. OAK HILL AVENUE
ARCADIA, FL 34266**

**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 reissuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **TUCKER, JOHN D**
STREET ADDRESS **6048 N.W. OAK HILL AVENUE**
CITY-ST-ZIP **ARCADIA, FL 34266**

TITLE **D**
NAME **TUCKER, JOY E**
STREET ADDRESS **6048 N.W. OAK HILL AVENUE**
CITY-ST-ZIP **ARCADIA, FL 34266**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000712499
04/26/07-80048-019 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07

Date

Daytime Phone #