

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-04-2006 90044 008 ***150.00

DOCUMENT # P99000084016

1. Entity Name
SUNSTATE GATE INC.



Principal Place of Business
**5104 CONDADO TERR
PORT CHARLOTTE, FL 33981**

Mailing Address
**5104 CONDADO TERR
PORT CHARLOTTE, FL 33981**
**1657 Bayshore Dr
Englewood, FL 33423**

66009955



03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0951465

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FULMER, DAWN
5104 CONDADO TERR
PORT CHARLOTTE, FL 33981
1657 Bayshore Dr.
Englewood, FL 33423

**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) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FULMER, DAWN 5104 CONDADO TERR. 1657 Bayshore Dr PORT CHARLOTTE, FL 33981 Englewood FL 33423
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIVERA, ARMANDO 5104 CONDADO TERR. 1657 Bayshore Dr. PORT CHARLOTTE, FL 33981 Englewood, FL 33423
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**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]* **32806**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #