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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S22002			
1. Entity Name TAMPA GATEWAY MARINE, INC.			
Principal Place of Business 2535 SUCCESS DR ODESSA, FL 33556 US		Mailing Address 2535 SUCCESS DR ODESSA, FL 33556 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

04 FEB 13 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02162004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3048836	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAKER, RICHARD W. 2535 SUCCESS DR ODESSA, FL 33556		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 _____ (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BAKER, RICHARD W 2535 SUCCESS DR ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300029125973 02/20/04--01029--011 **150.00
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
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
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 all other like empowered.

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

B



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Document Number

S22002

Business Entity Name

TAMPA GATEWAY MARINE, INC.

FEI Number

593048836

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

2535 SUCCESS DR

Suite, Apt. #, etc.

City, State

ODESSA

FL

Zip Code & Country

33556

US

Mailing Address

Address

2535 SUCCESS DR

Suite, Apt. #, etc.

City, State

ODESSA

FL

Zip Code & Country

33556

US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

BAKER, RICHARD W.

Address

2535 SUCCESS DR

Suite, Apt. #, etc.

City, State

ODESSA

FL

Zip Code & Country

33556

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Continue

Reset



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Document Number

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Business Entity Name

TAMPA GATEWAY MARINE, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title PSTD

Name (Last, First, Middle, Title) BAKER RICHARD W

-or- Entity Name

Street Address 2535 SUCCESS DR

City, State ODESSA FL

Zip Code & Country 33556

Title VD

Name (Last, First, Middle, Title) DIDONATO RONALD

-or- Entity Name

Street Address 2535 SUCCESS DRIVE

City, State ODESSA FL

Zip Code & Country 33556

Title V

Name (Last, First, Middle, Title) TAYLOR TRACY

-or- Entity Name

Street Address 2535 SUCCESS DRIVE

City, State ODESSA FL

Zip Code & Country 33556

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

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Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Pres.
Richard W. Baker

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