2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S70447

FILED Jan 12, 2004 Secretary of State

Entity Name: SOUTHGATE DEVELOPMENT COMPANY, INC.

	•	of Business:	New Principal Place	or Business.
O BOX 3 IURDOC	80455 K, FL 33938	US		
urrent M	lailing Addres	ss:	New Mailing Addres	s:
O BOX 3 IURDOC	80455 K, FL 33938	US		
El Number	: 65-0275685	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
	K, HANA PERTREE LN ARLOTTE. FL	33952 US		
he above	,	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
he above	named entity : e of Florida.	submits this statement for the բ	ourpose of changing its registere	ed office or registered agent, or both,
he above the State	named entity see of Florida.	submits this statement for the particles of Registered Ago		ed office or registered agent, or both, Date
he above the State	named entity se of Florida. RE:Electror	·		
he above the State IGNATUI	named entity se of Florida. RE:Electror	nic Signature of Registered Ago	ent	
he above the State IGNATUI	e named entity se of Florida. RE: Electror mpaign Financing	nic Signature of Registered Ago g Trust Fund Contribution (). TORS: Delete LO IREE LN.	ent	Date
he above the State IGNATUI	e named entity se of Florida. RE: Electror mpaign Financing S AND DIREC PD () KARPISEK, MII 1191 PEPPER PORT CHARLO	nic Signature of Registered Age g Trust Fund Contribution (). TORS: Delete OFREE LN. OTTE, FL Delete NA FREE LN.	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILO KARPISEK PD 01/12/2004