

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S70447

FILED  
Jan 07, 2007  
Secretary of State

Entity Name: SOUTHGATE DEVELOPMENT COMPANY, INC.

## Current Principal Place of Business:

PO BOX 380455  
MURDOCK, FL 33938 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 380455  
MURDOCK, FL 33938 US

## New Mailing Address:

FEI Number: 65-0275685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KARPISEK, HANA  
1191 PEPPERTREE LN  
PORT CHARLOTTE, FL 33952 US

## Name and Address of New Registered Agent:

KARPISEK, HANA  
1161 PEPPERTREE LN  
PORT CHARLOTTE, FL 33952 US

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.

SIGNATURE: MILO KARPISEK

01/07/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KARPISEK, MILO  
Address: 1191 PEPPERTREE LN.  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: VST ( ) Delete  
Name: KARPISEK, HANA  
Address: 1191 PEPPERTREE LN.  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: D ( ) Delete  
Name: KARPISEK, HANA  
Address: 1191 PEPPERTREE LN.  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: KARPISEK, MILO  
Address: 1161 PEPPERTREE LN.  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: VST (X) Change ( ) Addition  
Name: KARPISEK, HANA  
Address: 1161 PEPPERTREE LN.  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: D (X) Change ( ) Addition  
Name: KARPISEK, HANA  
Address: 1161 PEPPERTREE LN.  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

PRES

01/07/2007

Electronic Signature of Signing Officer or Director

Date