


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # V06500		
1. Entity Name WINGATE COMMUNICATIONS & ELECTRIC, INC.		
Principal Place of Business 4715 MONTEREY DR SW WINTER HAVEN, FL 33880 US	Mailing Address 4715 MONTEREY DR SW WINTER HAVEN, FL 33880 US	
DO NOT WRITE IN THIS SPACE		



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3100962	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SAMMONS, ROBERT O. 139 AVENUE C. S.W. WINTER HAVEN, FL 33880	DO NOT WRITE IN THIS SPACE
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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	U00000058680 02/20/04-80048-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINGATE, PAMELA B. 4715 MONTEREY DR SW WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WINGATE, WILLIAM L 4715 MONTEREY DR SW WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

**U00000058680
02/20/04-80048-010 8.75**

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: Pamela S. Wingate 2/16/04 8632936065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pamela Wingate Daytime Phone # _____