2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2008 08:00 A Secretary of State

1. Entity Name
WINGATE COMMUNICATIONS & ELECTRIC, INC.



US

Principal Place of Business

4715 MONTEREY DR SW WINTER HAVEN, FL 33880 U

WINGATE, WILLIAM L VP

4715 MONTEREY DRIVE WINTER HAVEN, FL 33880

Mailing Address

4715 MONTEREY DR SW WINTER HAVEN, FL 33880



DO NOT WRITE IN THIS SPACE

01152008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3100962

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE

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

Signature, typed or printed name of registered agent and title if applicable

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WINGATE, PAMELA S 4715 MONTEREY DR SW WINTER HAVEN, FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINGATE, WILLIAM L 4715 MONTEREY DR SW WINTER HAVEN, FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

U00000902293 na/29/N8-80072-028 158.7

DO NOT WRITE IN THIS SPACE

12. Thereby 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 chapted or to go an attachment with an address, with all other like empowered.

SIGNATURE: Pame

CITY-ST-ZIP

Pamela D. Wingate Pamela S

BIGHATURE AND TYPED OR PRINTED INVANOOF BIGHING OFFICER OR DIRECTOR

3/14/08 863293606