

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000103240

**Entity Name:** STONEGATE ENTERPRISES, INC.

**Current Principal Place of Business:**

7853 GUNN HWY  
# 164  
TAMPA , FL 33626

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC4311167351**

**Current Mailing Address:**

PO BOX 341464  
TAMPA, FL 33694-1464

**FEI Number: 56-2401475**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SHANKER, BRUCE  
7853 GUNN HWY # 164  
TAMPA, FL 33626 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TR  
Name SHANKER, BRUCE  
Address PO BOX 341464  
City-State-Zip: TAMPA FL 33694-1464

Title PR  
Name SHANKER, LINDA K  
Address PO BOX 341464  
City-State-Zip: TAMPA FL 33694-1464

Title VP  
Name SHANKER, BRUCE  
Address PO BOX 341464  
City-State-Zip: TAMPA FL 33694-1464

Title SEC  
Name SHANKER, LINDA K  
Address PO BOX 341464  
City-State-Zip: TAMPA FL 33694-1464

*I hereby 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 all other like empowered.*

**SIGNATURE: BRUCE SHANKER**

**REG AGENT**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date