

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 654991

FILED
Jan 15, 2004
Secretary of State

Entity Name: GATOR REPAIR COMPANY

Current Principal Place of Business:

5128 NEBRASKA
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

5128 NEBRASKA
TAMPA, FL 33603

New Mailing Address:

FEI Number: 59-1988553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURCI, DEE ANN
5124 NEBRASKA AVE
TAMPA, FL 33603

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: CASEY, ALVIN A.,
Address: 5124 NEBRASKA AVENUE
City-St-Zip: TAMPA, FL

Title: STD () Delete
Name: CASEY, SHIRLEY,
Address: 5124 NEBRASKA AVENUE
City-St-Zip: TAMPA, FL

Title: PD () Delete
Name: CASEY, JOHN A.,
Address: 5124 NEBRASKA AVENUE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHIRLEY A CASEY

STD

01/15/2004

Electronic Signature of Signing Officer or Director

Date