

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # L35286 1. Entity Name GATOR DOOR EAST, INC.	
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Principal Place of Business 2150 DOBB RD ST AUGUSTINE, FL 32086-5249	Mailing Address 2150 DOBB RD ST AUGUSTINE, FL 32086-5249
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2990715	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PLATTS, HARRY E 200 NE 10TH AVE POMPANO BEACH, FL 33060

**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.

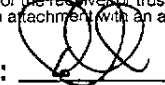
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1000000112897 04/14/04-80041-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLATTS, HARRY E 200 NE 10TH AVE POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CALLUM, TIMOTHY L. 146 POMPANO RD ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO PLATTS, RONALD N. 1098 CHEYENNE DR ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PLATTS, BARBARA 200 N.E. 10TH AVE POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PLATTS, BARBARA A. 200 NE 10 AVE POMPANO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  Tim Callum SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/8/04 Date	 Daytime Phone #
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