


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05 Rei FILED 1/2

05 OCT 25 AM 8:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N04000004735					
1. Entity Name PEDO GATORS, INC.					
Principal Place of Business UNIVERSITY OF FLORIDA P.O. BOX 100426 GAINESVILLE, FL 32610-0426			Mailing Address UNIVERSITY OF FLORIDA P.O. BOX 100426 GAINESVILLE, FL 32610-0426		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1125248	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLOMB, TIMOTHY 810 COMMED BLVD #6 ORANGE CITY, FL 32763			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			Zip Code		
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOMB, TIMOTHY			NAME	
STREET ADDRESS	810 COMMED BLVD #6			STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY, FL 32763			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVARDO, CARYN			NAME	
STREET ADDRESS	3227 N OAK ST EXTENSION			STREET ADDRESS	
CITY-ST-ZIP	VALDOSTA, GA 31605			CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, DANIEL			NAME	
STREET ADDRESS	1128 PELICAN BAY DR			STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119			CITY-ST-ZIP	
TITLE	FD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIMOSCHI, ROBERT			NAME	
STREET ADDRESS	UNIVERSITY OF FLORIDA P.O. BOX 100426			STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 326100426			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: <i>Robert E. Primoschi</i>		ROBERT E. PRIMOSCHI		4/21/05 352-392-4131	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	



Handwritten initials

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 18, 2005

THAD E. HUGHES, CPA
HENDERSON & GODBEE, P.C.
P.O. BOX 2241
VALDOSTA, GA 31604-2241

SUBJECT: PEDO GATORS, INC.
Ref. Number: N04000004735

Thank you for your correspondence of October 12, 2005, which has been forwarded to me for response.

Our office previously returned a copy of the annual report for corrections. Enclosed is a copy of the annual report and reject letter. To date, we have not received the corrected report back. Please make the corrections on the annual report and return it to our office for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 905A00063272