


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000004735**

1. Entity Name  
**PEDO GATORS, INC.**



Principal Place of Business      Mailing Address

UNIVERSITY OF FLORIDA P.O. BOX 100426      UNIVERSITY OF FLORIDA P.O. BOX 100426  
 GAINESVILLE, FL 32610-0426      GAINESVILLE, FL 32610-0426

**DO NOT WRITE IN THIS SPACE**



02062006 No Chg-NP      CR2E037 (11/05)

4. FEI Number 20-1125248	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GLOMB, TIMOTHY  
 810 COMMED BLVD #6  
 ORANGE CITY, FL 32763**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when relisting)      DATE \_\_\_\_\_

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

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

U00000451098  
 03/10/06-80036-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLOMB, TIMOTHY 810 COMMED BLVD #6 ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALVARDO, CARYN 3227 N OAK ST EXTENSION VALDOSTA, GA 31605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARNES, DANIEL 1126 PELICAN BAY DR DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED PRIMOSCH, ROBERT UNIVERSITY OF FLORIDA P.O. BOX 100426 GAINESVILLE, FL 326100426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby 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 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:** Robert E. Primosch      2/16/06      352-392-4131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #