

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004735

FILED
Feb 28, 2007
Secretary of State

Entity Name: PEDO GATORS, INC.

Current Principal Place of Business:

UNIVERSITY OF FLORIDA P.O. BOX 100426
GAINESVILLE, FL 326100426

New Principal Place of Business:

DEPARTMENT OF PEDIATRIC DENTISTRY
1600 SW ARCHER RD
GAINESVILLE, FL 326100426

Current Mailing Address:

UNIVERSITY OF FLORIDA P.O. BOX 100426
GAINESVILLE, FL 326100426

New Mailing Address:

DEPARTMENT OF PEDIATRIC DENTISTRY
1600 SW ARCHER RD
GAINESVILLE, FL 326100426

FEI Number: 20-1125248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GLOMB, TIMOTHY
Address: 810 COMMED BLVD #6
City-St-Zip: ORANGE CITY, FL 32763

Title: V () Delete
Name: ALVARDO, CARYN
Address: 3227 N OAK ST EXTENSION
City-St-Zip: VALDOSTA, GA 31605

Title: ST () Delete
Name: BARNES, DANIEL
Address: 1126 PELICAN BAY DR
City-St-Zip: DAYTONA BEACH, FL 32119

Title: ED () Delete
Name: PRIMOSCH, ROBERT
Address: UNIVERSITY OF FLORIDA P.O. BOX 100426
City-St-Zip: GAINESVILLE, FL 326100426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARNES, DANIEL
Address: 1126 PELICAN BAY DR
City-St-Zip: DAYTONA BEACH, FL 32119

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

Title: ST (X) Change () Addition
Name: ROBYN LESSER,
Address: 12113 W. LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33626

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 Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. PRIMOSCH

ED

02/28/2007

Electronic Signature of Signing Officer or Director

Date