


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # P01000044989

1. Entity Name
GATOR LEASING & FRANCHISE DEVELOPMENT, INC.



Principal Place of Business
**2502 ROCKY POINT DR., STE. 660
TAMPA, FL 33607**

Mailing Address
**2502 ROCKY POINT DR., STE. 660
TAMPA, FL 33607**

DO NOT WRITE IN THIS SPACE



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3727177

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COHRS, DENIS A
2575 ULMERTON ROAD
SUITE 210
CLEARWATER, FL 33762**

**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 _____ DATE _____

Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

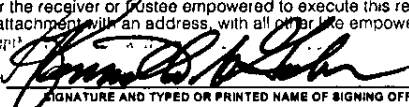
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORDON, KENNETH A 2502 ROCKY POINT DR., STE. 660 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GORDON, JANE M 2502 ROCKY POINT DR., STE 660 TAMPA, FL 33607
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04/20/07-80073-017 150.00

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 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 or part of me empowered.

SIGNATURE:  **04/06/07** **813 445-1114**

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