

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090268

Entity Name: AL E. GATORS PUB, INC.

FILED  
Apr 15, 2004  
Secretary of State

**Current Principal Place of Business:**

320 DORA DRAWDY WAY  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

8431 ORANGE BLOSSOM RD  
HOWEY IN THE HILLS, FL 32757

**New Mailing Address:**

P. O. BOX 335  
HOWEY IN THE HILLS, FL 34737

FEI Number: 37-1439629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIES, THERESA  
8431 ORANGE BLOSSOM RD  
HOWEY IN THE HILLS, FL 34737 US

**Name and Address of New Registered Agent:**

BETTER BOOKS & TAXES, INC.  
8431 ORANGE BLOSSOM RD  
HOWEY IN THE HILLS, FL 34737 US

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: TERI DAVIES

04/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: SIBILRUD, TERRY  
Address: 320 DORA DRAWDY WAY  
City-St-Zip: MOUNT DORA, FL 32757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

SIGNATURE: TERRY SIBILRUD

P

04/15/2004

Electronic Signature of Signing Officer or Director

Date