

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
5 Jun 15, 2005 8:00 am
Secretary of State

05-25-2005 90004 050 ***150.00
06-15-2005 90093 004 *****8.75

DOCUMENT # P04000035396 1. Entity Name GATOR INTERLOCKING PAVER, CORP.					
Principal Place of Business 1203 SWEET GUM DR BRANDON, FL 33511			Mailing Address 1203 SWEET GUM DR BRANDON, FL 33511		
2. Principal Place of Business 1203 SWEET GUM DR		3. Mailing Address 1203 SWEET GUM DR			
Suite, Apt. #, etc. BRANDON		Suite, Apt. #, etc. BRANDON			
City & State BRANDON FLORIDA		City & State BRANDON FL			
Zip 33511		Country HILLSBOROUGH		Zip 33511	
Country HILLSBOROUGH		Country HILLSBOROUGH			
6. Name and Address of Current Registered Agent DINIZ, MARCELO N MR 1203 SWEET GUM DR BRANDON, FL 33511			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reissuing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DINIZ, MARCELO N MR ☐ Delete 1203 SWEET GUM DR BRANDON, FL 33511		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR DINIZ, LEANDRO N MR ☒ Delete 925 MEIZNER REAL APT# 301 BRANDON, FL 33511		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR NICOSIA, ANTONIO E MR ☒ Delete 705 PROVIDENCE TRACE #301 BRANDON, FL 33511		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR					
Date Daytime Phone #					