# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 29, 2005**
**Secretary of State**

DOCUMENT# P97000004822

**Entity Name:** ALLIGATOR SUPPLY INC.

**Current Principal Place of Business:**

5861 BRISTOL LANE
DAVIE, FL 33331

**New Principal Place of Business:**

6772 STIRLING RD
HOLLYWOOD, FL 33024

**Current Mailing Address:**

5861 BRISTOL LANE
DAVIE, FL 33331

**New Mailing Address:**

6772 STIRLING RD
HOLLYWOOD, FL 33024

**FEI Number: 65-0719701** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

WILBUR, BRIAN
5861 BRISTOL LANE
DAVIE, FL 33331 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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: WILBUR, ALLEN
Address: 6751 BROOKLINE DRIVE
City-St-Zip: HIALEAH, FL 33015

Title: VPD ( ) Delete
Name: WILBUR, BRIAN
Address: 5861 BRISTOL LANE
City-St-Zip: DAVIE, FL 33331

Title: SDT ( ) Delete
Name: WILBUR, ALETRIS
Address: 6616 NW 173RD LN
City-St-Zip: HIALEAH, FL 33015

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

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

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

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: ALLEN WILBUR PD 06/29/2005

Electronic Signature of Signing Officer or Director Date