

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Jan 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # S22641

1. Entity Name
A-AL-GATOR, INC.



Principal Place of Business

17 W ST RD 84
P.O. BOX 22856
FT LAUDERDALE, FL 33315 US

Mailing Address

2664 PALM ER PALCE
ATTN: MARIA BOYLE
FT LAUDERDALE, FL 33332 US



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0233503

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BURGUN-BOYLE, MARIA
2664 PALMER PLACE
WESTON, FL 33332

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

000000197173
01/26/05-80101-003 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
BOYLE-BURGUN, MARIA A
2664 PALMER PL
FT LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
BURGUN, JOHN
2664 PALMER PL.
FT LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 SIGNING OFFICER OR DIRECTOR

Maria Boyle-Burgun, President 1/24/05

Date

Daytime Phone #

(954) 763-4999