

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K93143

FILED
Apr 07, 2005
Secretary of State

Entity Name: GATOR TWO WAY INC,

Current Principal Place of Business:

1110 PINE ISLAND ROAD N.E.
UNIT 18
CAPE CORAL, FL 33909 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 101362
CAPE CORAL, FL 339101362

New Mailing Address:

FEI Number: 62-1394020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BICKNISE, MICHAEL
1432 VENDOME CT
CAPE CORAL, FL 33904 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MARSH, THOMAS S.,
Address: 1210 SE 34TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: P () Delete
Name: BICKNESE, MICHAEL
Address: 1432 VENDOME CT
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MARSH,, THOMAS S
Address: 1210 SE 34TH STREET
City-St-Zip: CAPE CORAL, FL 33904

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: MICHAEL BICKNESE

PRES

04/07/2005

Electronic Signature of Signing Officer or Director

Date