


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 211504**


1. Entity Name  
**GATOR ADJUSTERS, INC.**



Principal Place of Business - 1960 HOWELL BRANCH ROAD  
 P.O. BOX 1657  
 WINTER PARK, FL 32790

Mailing Address - 1960 HOWELL BRANCH ROAD  
 P.O. BOX 1657  
 WINTER PARK, FL 32790

**DO NOT WRITE IN THIS SPACE**



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-6067422	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CODY, J. RAY  
 1613 EASTBROOK DRIVE  
 WINTER PARK, FL 32789

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

02/20/08-80055-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CODY, J. RAY 1613 EASTBROOK DR WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CODY, JOHN R 3685 FIELDCREST DRIVE BOWLING GREEN, KY 42104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 exemptions contained in Chapter 119, 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:** *J. Ray Cody* J. Ray Cody President 2/6/08 407 6775300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #