

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 254263**

1. Entity Name  
GATOR FEED CO., INC.



Principal Place of Business  
HWY 98 NORTH  
PO BOX 756  
OKEECHOBEE, FL 34973

Mailing Address  
HWY 98 NORTH  
PO BOX 756  
OKEECHOBEE, FL 34973



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-0946320

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ZIGLAR, THOMAS  
392 SW 77TH TERRACE  
OKEECHOBEE, FL 34974

**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 on this form if applicable

(NOTE: Registered Agent signature required when reinstating)

1-10-07

DATE

000000597143

01/17/07-80022-005 150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
P  
ZIGLAR, THOMAS W  
392 SW 77TH TERRACE  
OKEECHOBEE, FL 34974

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
VP  
ZIGLAR, PAT T  
310 SW 77TH TERRACE  
OKEECHOBEE, FL 34974

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
ST  
ZIGLAR, KATRINA  
392 SW 77TH TERRACE  
OKEECHOBEE, FL 34974

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-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:**

*Pat T. Ziglar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAT T. ZIGLAR

1-10-07

Date

863-763-3337

Daytime Phone #