


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90191 024 \*\*\*150.00

<b>DOCUMENT # 321188</b>	
1. Entity Name <b>GATOR PLUMBING &amp; IMPROVEMENTS, INC.</b>	

Principal Place of Business <b>2604 N E 18TH TERRACE GAINESVILLE, FL 32609</b>	Mailing Address <b>2604 N E 18TH TERRACE GAINESVILLE, FL 32609</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

00036063



04182008 Chg-P CR2E034 (12/06)

<b>6. Name and Address of Current Registered Agent</b>  <b>GORDON O. BAKER</b> <b>110 N.E. 10TH STREET</b> <b>GAINESVILLE, FL 32601</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON O. BAKER,	NAME	
STREET ADDRESS	110 NE 10TH STREET	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32601	CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA ANN BAKER,	NAME	
STREET ADDRESS	110 NE 10TH STREET	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32601	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Gordon O. Baker **GORDON O. BAKER, President**  
 DATE: 4-28-08 DAYTIME PHONE: 352-372-4659

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Document Number 321188

Business Entity Name GATOR PLUMBING &amp; IMPROVEMENTS, INC.

FEI Number 59 - 1201506

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address 2604 N E 18TH TERRACE (PO Box not acceptable)

Suite, Apt. #, etc.

City, State GAINESVILLE FL

Zip Code &amp; Country 32609

**Mailing Address**

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☐ Mailing address same as principal address

Address 2604 N E 18TH TERRACE

Suite, Apt. #, etc.

City, State GAINESVILLE FL

Zip Code &amp; Country 32609

**Name And Address of Registered Agent**

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA GORDON O. BAKER

Street Address In Florida 110 N.E. 10TH STREET (PO Box not acceptable)

Suite, Apt. #, etc.

City, State GAINESVILLE FL

Zip Code &amp; Country 32601 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

ATTACHMENT

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**Note:** If you have failed to file your 2007 Annual Report and have been administratively dissolved/revoked, you may be able to file your Reinstatement Online. Corporations, limited partnerships, and limited liability companies administratively dissolved/revoked for failure to file their 2007 Annual Report may [Reinstate Online](#).

Welcome to the Annual Report online filing page, the fastest and most efficient way to file your Annual Report. Simply enter the entity document number below, click 'Submit', complete the form that follows, and select one of our convenient payment options.

Document Number 

Note: On 12 digit document numbers,  
only the first character is alphabetic.

The document number is located on the back  
of the postcard above the business entity name

Can't find your document number? [Search](#) the Division's records online by name. (Note: Link will open in new browser window)

Don't want to file online? You may download a preprinted [Annual Report form](#) from our web site.

Questions? Before proceeding, you may wish to read the [Introduction To Filing An Annual Report OnLine](#), for detailed information that will assist you in successfully completing your online Annual Report. Additionally, the online Annual Report will include a help selection at the bottom of the page for the data to be entered. After entering the document number below, select the submit button to proceed to the Annual Report. The annual report is due between January 1 and May 1, reports filed after May 1 may be subject to a late fee.

Our data base can hold up to 6 principals. If more than 6 principals need to be made a part of the record, you can not file the annual report online. You will need to download an annual report form and list the additional principals title, name and address on an attachment.

For those business entities that may need to file more than one Annual Report per reporting period, you will be able to complete an additional 'Amended' Annual Report to make changes after the submitted report has been processed.

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## ATTACHMENT

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# 321188

**Officer/Director Name And Address****Name And Address #1**

Title

PS

Name (Last, First, Middle, Title)

GORDON O. BAKE

- OR -

Entity Name to serve as Officer/Director

Street Address

110 NE 10TH STREET

City, State

GAINESVILLE

FL

Zip Code &amp; Country

32601

**Name And Address #2**

Title

VPT

Name (Last, First, Middle, Title)

PATRICIA ANN BAI

- OR -

Entity Name to serve as Officer/Director

Street Address

110 NE 10TH STREET

City, State

GAINESVILLE

FL

Zip Code &amp; Country

32601

**Name And Address #3**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

**Name And Address #4**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

**Name And Address #5**

Title

Name (Last, First, Middle, Title)