


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

47

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 330799		
1. Entity Name ALL-GATOR CARROT CO., INC.		

Principal Place of Business 2849 LUST RD APOPKA FL 32703	Mailing Address 2849 LUST RD APOPKA FL 32703
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1562042	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HILL, LISA L 2820 NEIL RD APOPKA FL 32703	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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
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FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	HILL, LISA L
STREET ADDRESS	2820 NEIL ROAD
CITY - ST - ZIP	APOPKA FL
TITLE	VD <input type="checkbox"/> Delete
NAME	HILL, DAVID
STREET ADDRESS	2820 NEIL ROAD
CITY - ST - ZIP	APOPKA FL
TITLE	VD <input type="checkbox"/> Delete
NAME	LONG, WILLIAM D, JR
STREET ADDRESS	1630 BALMY BEACH DR
CITY - ST - ZIP	APOPKA FL
TITLE	TD <input type="checkbox"/> Delete
NAME	LONG, BEAUREGARD
STREET ADDRESS	1640 BALMY BEACH DR
CITY - ST - ZIP	APOPKA FL
TITLE	SD <input type="checkbox"/> Delete
NAME	LONG, HOLLY
STREET ADDRESS	1630 BALMY BEACH DR
CITY - ST - ZIP	APOPKA FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000284442
CITY - ST - ZIP	04/02/05-80005-018 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:		3/31/05	407-889-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #