

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90351 035 \*\*\*150.00

**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**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**59-1562042**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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	
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	
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/06**

Date

**407-889-4141**

Daytime Phone #