

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 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**



04232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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 PD  
NAME HILL, LISA L  
STREET ADDRESS 2820 NEIL ROAD  
CITY-ST-ZIP APOPKA, FL

TITLE VD  
NAME HILL, DAVID  
STREET ADDRESS 2820 NEIL ROAD  
CITY-ST-ZIP APOPKA, FL

TITLE VD  
NAME LONG, WILLIAM D, JR  
STREET ADDRESS 1630 BALMY BEACH DR  
CITY-ST-ZIP APOPKA, FL

TITLE TD  
NAME LONG, BEAUREGARD  
STREET ADDRESS 1640 BALMY BEACH DR  
CITY-ST-ZIP APOPKA, FL

TITLE SD  
NAME LONG, HOLLY  
STREET ADDRESS 1630 BALMY BEACH DR  
CITY-ST-ZIP APOPKA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000760874  
05/25/07-80031-017 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

407-889-4141

Daytime Phone #