

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 616324 1. Entity Name GATOR METAL PRODUCTS, INC.					
Principal Place of Business 1139 ELDRIDGE CLEARWATER FL 33755 US			Mailing Address 1139 ELDRIDGE CLEARWATER FL 33755 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1928022	
5. Certificate of Status Desired ☐				Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACOBS, JAMES 1139 ELDRIDGE ST CLEARWATER FL 33755				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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Added to Fee Trust Fund Contribution. ☐	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAXHIMER, HAROLD 8319 37TH AVE N ST PETERSBURG FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACOBS, LYNN 1139 ELDRIDGE ST CLEARWATER FL 33755	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACOBS, JAMES 1139 ELDRIDGE ST TAMPA FL 33755	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lynn Jacobs* **1/24/06** **441344**