

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 617550

1. Entity Name  
GATOR DOOR AND SUPPLY COMPANY, INC.



Principal Place of Business  
3009 NE 19TH DR  
GAINESVILLE, FL 32609

Mailing Address  
3009 NE 19TH DR  
GAINESVILLE, FL 32609

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-1904179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POGUE, CYRIL E  
3000 GULF TO BAY BLVD  
SUITE 300  
CLEARWATER, FL 33759

Name  
CYRIL E. POGUE

Street Address (P.O. Box Number is Not Acceptable)

6820 W. LINEBAUGH AVENUE, SUITE D

City  
TAMPA

FL

Zip Code  
33625

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]*

(NOTE: Registered Agent signature required when re-registering)

(NOTE: Registered Agent signature required when re-registering)

May 30, 2007

**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

see Attachment "A" for additions.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME POGUE, CYRIL E  
STREET ADDRESS 10108 KINGSBRIDGE AVENUE  
CITY-STATE-ZIP TAMPA, FL 33626

TITLE PD ☒ Change ☐ Addition  
NAME CYRIL E. POGUE  
STREET ADDRESS 3009 NE 19TH DR  
CITY-STATE-ZIP GAINESVILLE, FL 32609

TITLE D ☐ Delete  
NAME PAGANO, BRUCE  
STREET ADDRESS 1515 N. FEDERAL HWY, #405  
CITY-STATE-ZIP BOCA RATON, FL 33486

TITLE D ☒ Change ☐ Addition  
NAME BRUCE PAGANO  
STREET ADDRESS 3009 NE 19TH DR  
CITY-STATE-ZIP GAINESVILLE, FL 32609

TITLE D ☒ Delete  
NAME FISCHER, ANDREW  
STREET ADDRESS 5745 SW 75TH STREET, BOX 213  
CITY-STATE-ZIP GAINESVILLE, FL 32608

TITLE ☐ Change ☐ Addition  
NAME 200104577002  
STREET ADDRESS 06/21/07--01051--013  
CITY-STATE-ZIP \*\*150.00

TITLE D ☐ Delete  
NAME DOGANIERO, PHILIP  
STREET ADDRESS 224 PONCE DE LEON BLVD  
CITY-STATE-ZIP BELLEAIR, FL 33756

TITLE D ☒ Change ☐ Addition  
NAME PHILIP DOGANIERO  
STREET ADDRESS 3009 NE 19TH DR  
CITY-STATE-ZIP GAINESVILLE, FL 32609

TITLE D ☐ Delete  
NAME HAYDON, ROGERS  
STREET ADDRESS 15500 ROOSEVELT BLVD, SUITE 303  
CITY-STATE-ZIP CLEARWATER, FL 33760

TITLE D ☒ Change ☐ Addition  
NAME ROGERS HAYDON  
STREET ADDRESS 3009 NE 19TH DR  
CITY-STATE-ZIP GAINESVILLE, FL 32609

TITLE ST ☐ Delete  
NAME LUNGER, RONALD A  
STREET ADDRESS 15300 NW 180TH AVENUE  
CITY-STATE-ZIP ALACHUA, FL 32615

TITLE ST ☒ Change ☐ Addition  
NAME PATRICK MIN  
STREET ADDRESS 3009 NE 19TH DR  
CITY-STATE-ZIP GAINESVILLE, FL 32609

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/30/07

282

**DOCUMENT #617550**

**ATTACHMENT "A"**  
**ADDITIONAL OFFICERS AND DIRECTORS**

1. DIRECTOR  
DAVID KREILEIN  
3009 NE 19<sup>TH</sup> DRIVE  
GAINESVILLE, FL 32609
2. DIRECTOR  
ED FARMER  
3009 NE 19<sup>TH</sup> DRIVE  
GAINESVILLE, FL 32609