

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704624

FILED  
Apr 12, 2006  
Secretary of State

Entity Name: PARA-GATORS INC

**Current Principal Place of Business:**

2610 AUGUSTA DR  
HOMESTEAD, FL 33035 US

**New Principal Place of Business:**

**Current Mailing Address:**

2610 AUGUSTA DR  
HOMESTEAD, FL 33035 US

**New Mailing Address:**

FEI Number: 12-3456789

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GODWIN, LEE V  
2610 AUGUSTA DR  
HOMESTEAD, FL 33035 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GODWIN, LEE V  
Address: 2610 AUGUSTA DR  
City-St-Zip: HOMESTEAD, FL 33035

Title: PD ( ) Delete  
Name: GODWIN, WILMA  
Address: 1538 GOLFSIDE VILLAGE BLVD  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: COHN, ROBYN  
Address: 7177 SCOTT AVENUE  
City-St-Zip: TANGERINE, FL 32777

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILMA GODWIN

PD

04/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date