

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # H02085

1. Entity Name

GATOR'S SEAFOOD RESTAURANT, INC.



Principal Place of Business

C/O WILLIAM E. FARRINGTON
HIGHWAY 87 SOUTH, FARRINGTON ROAD
MILTON, FL 32570

Mailing Address

C/O WILLIAM E. FARRINGTON
HIGHWAY 87 SOUTH, FARRINGTON ROAD
MILTON, FL 32570



03242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2475421** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FARRINGTON, WILLIAM E.
HIGHWAY 87 SOUTH, FARRINGTON ROAD
MILTON, FL 32570

**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 re-registering)

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	DP
NAME	FARRINGTON, WILLIAM E.
STREET ADDRESS	HIGHWAY 87 SOUTH
CITY-ST-ZIP	MILTON, FL
TITLE	DST
NAME	FARRINGTON, VERA V.
STREET ADDRESS	HIGHWAY 87 SOUTH
CITY-ST-ZIP	MILTON, FL
TITLE	DVP
NAME	FARRINGTON, WM E., II
STREET ADDRESS	HIGHWAY 87 SOUTH
CITY-ST-ZIP	MILTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000489664
04/18/06-80025-020 150.00

**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

3/24/06 800623-2661
Date Daytime Phone #