2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H02085

Entity Name

GATOR'S SEAFOOD RESTAURANT, INC.



FILED

Feb 16, 2007 8:00 am Secretary of State

02-16-2007 90029 018 ***150.00

Daytims Phorse #

Principal Place of Business Mailing Address C/O WILLIAM E. FARRINGTON C/O WILLIAM E. FARRINGTON HIGHWAY 87 SOUTH, FARRINGTON ROAD HIGHWAY 87 SOUTH, FARRINGTON ROAD MILTON, FL 32570 MILTON, FL 32570 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 CR2E034 (12/06) Cha-P City & State City & State Applied For 4. FEI Number Not Applicable 59-2475421 Country Zip Country ZiO \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FARRINGTON, WILLIAM E. Street Address (P.O. Box Number is Not Acceptable) HIGHWAY 87 SOUTH, FARRINGTON ROAD MILTON, FL 32570 Zip Code City FL 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 Migrature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ■ Addition ☐ Change MAME FARRINGTON, WILLIAM E. NAME HIGHWAY 87 SOUTH STREET ADDRESS STREET ADDRESS CITY - ST - ZIP MILTON, FL CITY-ST-ZIP DST ☐ Delete Change ■ Addition FARRINGTON, VERA V. NAME HIGHWAY 87 SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILTON, FL CITY-ST-ZIP DVP TITLE ☐ Delete HILE Change Addition FARRINGTON, WM E., II STREET ADDRESS HIGHWAY 87 SOUTH STREET ADDRESS MILTON, FL CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-7IP City-ST-ZIP TITLE ☐ Delete THIE Change Artdition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this fitting 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: