
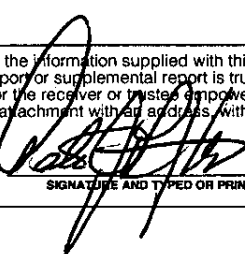


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90024 042 \*\*\*150.00

<b>DOCUMENT # H40980</b> 1. Entity Name <b>GATOR LUMBER COMPANY</b>					
Principal Place of Business <b>9555 SOUTH U.S. #1 SEBASTIAN, FL 32958</b>			Mailing Address <b>9555 SOUTH U.S. #1 SEBASTIAN, FL 32958</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2486777</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LOFTUS, PATRICK J 2204 5TH CT. SE VERO BEACH, FL 32962</b>			7. Name and Address of New Registered Agent Name <b>LOFTUS, PATRICK J</b> Street Address (P.O. Box Number is Not Acceptable) <b>9 DOLPHIN DR</b> City <b>VERO BEACH</b>		
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.			PRESIDENT <b>PATRICK J LOFTUS</b>		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>4-1-04</b>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST CRAFT, WILLIAM P. 2189-42ND CT. SW VERO BEACH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LOFTUS, PATRICK J. 9 DOLPHIN DR. VERO BEACH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.					
SIGNATURE:  <b>PATRICK J. LOFTUS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <b>4-1-04</b> Daytime Phone #: <b>772-589-8976</b>					

J4041000



02262004 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name  
LOFTUS, PATRICK J  
Street Address (P.O. Box Number is Not Acceptable)

9 DOLPHIN DR

City  
VERO BEACH

FL Zip Code  
32960

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
CRAFT, WILLIAM P.  
2189-42ND CT. SW  
VERO BEACH, FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
LOFTUS, PATRICK J.  
9 DOLPHIN DR.  
VERO BEACH, FL**

☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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SIGNATURE:

**PATRICK J. LOFTUS**  
**PRESIDENT**

**4-1-04**

Date

Daytime Phone #

**772-589-8976**