2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H65656

1. Entity Name
P. T. GATOR SCREEN PRINTING, INC.

Principal Place of Business	Mailing Address
4027 EXCHANGE AVENUE	4027 EXCHANGE AVENUE
NAPLES, FL 34104	NAPLES, FL 34104

DO NOT WRITE IN THIS SPACE

02152005   No Chg-P   CR2E034 (10/03)

4. FEI Number
59-2552568

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MASTRO, PATRICK G
1931 SUNSHINE BLVD.
NAPLES, FL 34116

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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, 2005 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be
Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PSD
NAME	MASTRO, PATRICK G.
STREET ADDRESS	1931 SUNSHINE BLVD
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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 an address, with all other like empowered.

SIGNATURE: _Patrick T Mastro_   Patrick Mastro   4-13-05   239-643-2228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #