2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # J35646

1. Entity Name

GREEN GATORS, INC.



FILED Jan 16, 2004 08:00 AM Secretary of State

Principal Place of Business

28 COUNTRY CLUB RD COCOA BEACH, FL 32931 US

Mailing Address

28 COUNTRY CLUB RD COCOA BEACH, FL 32931

US



01052004

No Chg-P

CR2E034 (10/03)

-	FEI Number	_{	Applied For
•	59-2724466		Not Applicable
			<u></u>

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address of	Current R	egistered	Agent

DUCANIS, WILLIAM M. 28 COUNTRY CLUB RD

DO NOT WRITE

COCOM BENCH, FE 32331				IN THIS SPACE			
	named entity submits this statement for the plons of registered agent.	surpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and like	it applicable (NOTE Registere	Agent signature	required when reinstating)	DATE		
FiL After Ma	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT DUCANIS, WILLIAM M. 28 COUNTRY CLUB RD COCOA BEACH, FL 32931				100000006115 01/16/04-80022-005 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DUCANIS, ROBERT J. 1258 BURNING TREE LANE WINTER PARK, FL 32792						
THEE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ACCIRESS CITY-ST-ZIP				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CRY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· _		
12. I hereby o	certify that the information supplied with this fi	ling does not qualify for the exe	mption state	d in Section 119.07(3)	(i), Florida Statutes. I further certify that the information		

indicated on mis 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 Pulliam M. Ducam William SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William

321 84 5548