

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # J40727

1. Entity Name
GATOR PAINT & BODY, INC.



Principal Place of Business
**% KEITH RANDALL ROBERTS
9 ROBINWOOD, SW
FORT WALTON BEACH, FL 32548**

Mailing Address
**% KEITH RANDALL ROBERTS
9 ROBINWOOD, SW
FORT WALTON BEACH, FL 32548**



04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2736380

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERTS, KEITH RANDALL
9 ROBINWOOD DR SW
FT WALTON BEACH, FL 32548**

**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 reinstating)

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	PD
NAME	ROBERTS, KEITH RANDALL
STREET ADDRESS	168 GRANDVIEW AVE
CITY-ST-ZIP	VALPARAISO, FL
TITLE	VO
NAME	MANSEN, RICHARD ALAN
STREET ADDRESS	124-B NORTHERN PINE
CITY-ST-ZIP	FT WALTON BEACH, FL
TITLE	SD
NAME	ROBERTS, FLORENCE T.
STREET ADDRESS	188 GRANDVIEW AVE
CITY-ST-ZIP	VALPARAISO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/06-80097-006 150.00

**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 - changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Keith R. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith R. Roberts

04/11/06

(850) 244-0378

Date

Daytime Phone #