

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90042 024 ***150.00

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**

40000653



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-2736380

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 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 ☐ Delete
STREET ADDRESS 188 GRANDVIEW AVE
CITY-ST-ZIP VALPARAISO, FL

TITLE VD
NAME MANSEN, RICHARD ALAN ☐ Delete
STREET ADDRESS 124-B NORTHERN PINE
CITY-ST-ZIP FT WALTON BEACH, FL

TITLE SD ☒ Delete
NAME ROBERTS, FLORENCE T.
STREET ADDRESS 188 GRANDVIEW AVE
CITY-ST-ZIP VALPARAISO, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☐ Change ☒ Addition
NAME **Randall P. Roberts**
STREET ADDRESS **188 Grandview Ave.**
CITY-ST-ZIP **Valparaiso, Florida, 32580**

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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

SIGNATURE: Keith Randall Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-08-07
Date

850-244-0378
Daytime Phone #