

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J60465

FILED
Mar 07, 2007
Secretary of State

Entity Name: GATOR STAMPINGS INTERNATIONAL, INC.

Current Principal Place of Business:

6610 33RD STREET EAST
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

6610 33RD STREET EAST
SARASOTA, FL 34243 US

New Mailing Address:

FEI Number: 59-2772900 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRONEN, PAUL D
6610 33RD STREET EAST
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRONEN, PAUL
Address: 6610 33RD STREET EAST
City-St-Zip: SARASOTA, FL 34243

Title: ST () Delete
Name: CRONEN, CHRISTIE
Address: 7626 CHARLESTON STREET
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: V () Delete
Name: OLSON, CHARLES M
Address: 15951 HYLAND DR
City-St-Zip: APPLE VALLY, MN 55124

Title: V () Delete
Name: CRONEN, PETER J., JR., .
Address: 2910 FAIRCHILD AVE
City-St-Zip: WAYZATA, MN

Title: V () Delete
Name: CRONEN, JOHN MICHAEL,
Address: 5201 19TH ST E
City-St-Zip: ELLENTON, FL 34222

Title: V () Delete
Name: CRONEN, PHILLIP W.,
Address: 16800 GRAY'S BAY BLVD
City-St-Zip: WAYZATA, MN

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTIE CRONEN

ST

03/07/2007

Electronic Signature of Signing Officer or Director

_____ Date