


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90063 045 ***150.00

DOCUMENT # K01470 1. Entity Name GATOR GAS L.P., INC.	
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Principal Place of Business 1626 NE HWY 349 OLD TOWN, FL 32680	Mailing Address P O BOX 425 OLD TOWN, FL 32680
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1764261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ANDERSON, FRANK L. 1626 NE HWY 349 OLD TOWN, FL 32680

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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 <i>N/A</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDERSON, FRANK L. 1626 NE HWY 349 OLD TOWN, FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRATTON, ROBERT H. 4255 S PURSLANE DRIVE HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRATTON, MARGIE R 4255 S PURSLANE DRIVE HOMOSASSA, FL 34448 <i>(DELETED)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, DEBRA L 1626 NE HWY. 349 OLD TOWN, FL 32680 <i>SEC. & TRES -</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE: <i>Frank L. Anderson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	FRANK L. ANDERSON <small>Date</small>	4/28/07 (352) 542-8420 <small>Daytime Phone #</small>
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