


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # K44190 1. Entity Name GATOR RV RESORT, INC.	
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Principal Place of Business 5755 E. IRLA BRONSON HWY ST. CLOUD, FL 34771	Mailing Address 2643 HYTOP RD YOUNG HARRIS, GA 30582
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04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2917116	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 NELSON, ROBERT M 3150 S. FLETCHER AVE. UNIT 202 FERNANDINA BEACH, FL 32034
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**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 NAME STREET ADDRESS CITY-ST-ZIP	VSD NELSON, ROBERT 3150 S. FLETCHER AVE. FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PITTMAN, DAVID 2643 HYTOP RD YOUNG HARRIS, GA 30582
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05/15/06-80025-005 150.00

**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 if changed, or on an attachment to this address with all other as empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID W PITTMAN 4/22/06 706 896 8628