

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K99200</b> 1. Entity Name R. J. GATORS MANAGEMENT, INC.			
Principal Place of Business C/O REGINALD L TIMOTEO 609 N HEPBURN AVE #103 JUPITER, FL 33458		Mailing Address C/O REGINALD L TIMOTEO 609 N HEPBURN AVE #103 JUPITER, FL 33458	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		07022004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0169404	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  TIMOTEO, REGINALD L 609 N HEPBURN AVE #103 JUPITER, FL 33458		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P TIMOTEO, REGINALD L 609 N HEPBURN AVE #103 JUPITER, FL		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TIMOTEO, MITCHELL 609 N HEPBURN AVE #103 JUPITER, FL		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7/13/04 561 575 0326 <small>Date Daytime Phone #</small>	