

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L89121

FILED
Apr 19, 2004
Secretary of State

Entity Name: ALLIGATOR ALLEY, INCORPORATED

Current Principal Place of Business:

12973 VILLAGE BLVD
MADEIRA BEACH, FL 33708 US

New Principal Place of Business:

Current Mailing Address:

12973 VILLAGE BLVD
UNIT 7A
MADERIA BEACH, FL 33708 US

New Mailing Address:

12973 VILLAGE BLVD
MADERIA BEACH, FL 33708 US

FEI Number: 65-0204578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHITWOOD, GARY M
12973 VILLAGE BLVD
MADEIRA BEACH, FL 33708 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: PD () Delete
Name: CHITWOOD, GARY M SR
Address: 7746 62 AVENUE N.
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: T () Delete
Name: HORODECK, ROBERTA M
Address: 7746 62 AVENUE N.
City-St-Zip: SAINT PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
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 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 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: GARY M. CHIITWOOD SR.

PD

04/19/2004

Electronic Signature of Signing Officer or Director

Date