


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90044 014 ****61.25

DOCUMENT # N03000003222	
1. Entity Name GATOR CUTLERY CLUB, INC.	

Principal Place of Business 4011-B N. FORBES ROAD PLANT CITY, FL 33565	Mailing Address 4011-B N. FORBES ROAD PLANT CITY, FL 33565
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2. Principal Place of Business 4011 N. Forbes Rd	3. Mailing Address 4011 N. Forbes Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Plant City, Florida	City & State Plant City, Florida
Zip 33565	Country Hillsborough



01112006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent PIERGALLINI, DANIEL E 4011-B N. FORBES ROAD PLANT CITY, FL 33565	
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4. FEI Number 51-0500963	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIERGALLINI, DANIEL E 4011-B N FORBES RD PLANT CITY, FL 33565 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4011 N. Forbes Rd.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUTLER, TOM 923 WYNGATE CT SAFETY HARBOR, FL 34695 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Demberger, Robert 5038 75th St. N. St. Petersburg, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIERGALLINI, SAUDRA 4011 B N FORBES RD PLANT CITY, FL 33565 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEST, BRAD 11104 HARBORSIDE DR LARGO, FL 33773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:  **Daniel E. Piergallini** **1/17/06** **813-967-1471**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #