

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90093 046 \*\*\*\*61.25

**DOCUMENT # N03000003222**

1. Entity Name  
**GATOR CUTLERY CLUB, INC.**



Principal Place of Business  
**4011 N FORBES RD  
 PLANT CITY, FL 33565**

Mailing Address  
**4011 N FORBES RD  
 PLANT CITY, FL 33565**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

40003000



01172007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**51-0500963**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PIERGALLINI, DANIEL E;  
 4011 N. FORBES ROAD  
 PLANT CITY, FL 33565**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	PIERGALLINI, DANIEL E	
STREET ADDRESS	4011 N FORBES RD	
CITY-ST-ZIP	PLANT CITY, FL 33565	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEMBERGER, ROBERT	
STREET ADDRESS	5038 15TH ST N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703	
TITLE	S	<input type="checkbox"/> Delete
NAME	PIERGALLANI, SAUDRA	
STREET ADDRESS	4011 B N FORBES RD	
CITY-ST-ZIP	PLANT CITY, FL 33565	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEST, BRAD	
STREET ADDRESS	11104 HARBORSIDE DR	
CITY-ST-ZIP	LARGO, FL 33773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Piergallini, Sandra	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* **DANIEL E. PIERGALLINI** 1/17/07 813-967-1471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #