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Mar 19, 2008 8:00 am
Secretary of State
03-03-2008 90195 038 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000003222

1. Entity Name
GATOR CUTLERY CLUB, INC.

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

66004352

01072008 No Chg-NP CR2E037 (4/06)

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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

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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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PIERGALLINI, DANIEL E
STREET ADDRESS	4011 N FORBES RD
CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE	VP
NAME	DEMBERGER, ROBERT
STREET ADDRESS	5038 15TH ST N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	S
NAME	PIERGALLANI, SANDRA
STREET ADDRESS	4011 B N FORBES RD
CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE	T
NAME	WEST, BRAD
STREET ADDRESS	11104 HARBORSIDE DR
CITY-ST-ZIP	LARGO, FL 33773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/14/08 813-962-1471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Daniel E Piergallini