


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90313 045 \*\*\*\*61.25

<b>DOCUMENT # N03000006345</b> 1. Entity Name GATORS GALORE, INC.					
Principal Place of Business COX & NILI 1185 IMMOKALEE RD STE 110 NAPLES, FL 34110			Mailing Address PERDINO & ASSOCIATES, CPA 4100 CORPORATE STE #163 NAPLES, FL 34104		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <i>P.O. Box 8896</i>  Suite, Apt. #, etc.			
City & State _____		City & State <i>Naples, FL</i>		4. FEI Number 20-0362743	
Zip _____		Country _____		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  NICI, JAMES R 1185 IMMOKALEE RD STE 110 NAPLES, FL 34110			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, LEA 6552 RIDGEWOOD DR NAPLES, FL 34108	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICCIARDIELLO, JOANNE 1026 SPYGLASS LN NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARIKA, NANCY 8111 BAY COLONY DR. NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIMAN, BARBAA 8473 BAY COLONY DR. NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, TERRANCE 3801 FT CHARLES DR NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALKE, JOAN 8477 BAY COLONY DR NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete			
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 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.					
<b>SIGNATURE:</b> <i>James R. Nici</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-20-05 239-430-1562 <small>Date Daytime Phone #</small>		