

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006345

FILED
Apr 29, 2009
Secretary of State

Entity Name: GATORS GALORE, INC.

Current Principal Place of Business:

7500 DAVIS BLVD
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

PO BOX 8896
NAPLES, FL 34101

New Mailing Address:

FEI Number: 20-0362743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLYNN, TERRANCE
3801 FT. CHARLES DR
NAPLES, FL 34102 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, LEA
Address: 6552 RIDGEWOOD DR
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: FLYNN, TERRANCE
Address: 3801 FT CHARLES DR
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: NICHOLS, ARLENE
Address: 6915 OAKMONT PKWY
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRANCE FLYNN

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date