2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State
03-29-2005 90009 035 ****61.25

DOCUMENT # N93000001985

1. Entity Name

GATORTOWN GATORS, INC.

Principal Place of Business	Mailing Address
PO BOX 90255 GAINESVILLE FL 32607 US	PO BOX 90255 GAINESVILLE FL 32607 US

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3105832 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARNETTE, JOHNNY
4625 N.W. 21ST TERR.
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

Name: HOBELMANN, STEVE
Street Address (P.O. Box Number is Not Acceptable): 6928 SW 84 DR.
City: GAINESVILLE, FL FL Zip Code: 32606

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: Steve Hobelmann 14 MAR 05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) President DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD PARRISH, JAMES 156 TURKEY CREEK ALACHUA FL 32615	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD HOBELMANN, STEVE 6928 SW 84 DR. GAINESVILLE, FL. 32608	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARNETTE, JOHNNY 4625 NW 21ST TERR. GAINESVILLE FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/PD ARNETTE, JOHNNY 4625 NW 21 TERR GAINESVILLE, FL. 32605	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CURTI, ROBERT 4508 NW 36TH TERRACE GAINESVILLE FL 32605	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D GWINN, ELLEN 1525 NW 91 TERR GAINESVILLE, FL 32606	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ARNETTE, BETTY 4625 NW 21ST TERR. GAINESVILLE FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED HOBELMANN, STEVE 1605 FT. CLARK BLVD #1102 GAINESVILLE FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Ellen Gwinn 4/25/05 352-332-9513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ELLEN GWINN, TREASURER