

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002453

FILED
Apr 30, 2007
Secretary of State

Entity Name: AMERICAN ALLIGATOR CYCLE OF PROTECTION, INC.

Current Principal Place of Business:

15911 LAKE IOLA RD
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1637
DADE CITY, FL 335261637 US

New Mailing Address:

FEI Number: 59-3211965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FAGAN, J.M. (MIKE)
15911 LAKE IOLA RD
DADE CITY, FL 33523 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: DP () Delete
Name: FAGAN, J.M. (MIKE)
Address: 15911 LAKE IOLA RD
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: MCMILLAN, GENE
Address: 9751 W BAHIA VISTA
City-St-Zip: FORT MYERS, FL 33917

Title: D () Delete
Name: RAGUSA, MIKE
Address: PO BOX 2892
City-St-Zip: HAMMOND, LA 70404

Title: D () Delete
Name: LAWHEAD, LYNANNE
Address: PO BOX 986
City-St-Zip: DADE CITY, FL 33526

Title: ST () Delete
Name: WILLIAMS, TIM
Address: 6517 CHIPPEDALE
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: ACKERLY, JOHN
Address: P O BOX 2000 N/A
City-St-Zip: MULBERRY, FL 33860

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:

Title: () Change () Addition
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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: J.M. (MIKE) FAGAN

DP

04/30/2007

Electronic Signature of Signing Officer or Director

Date