

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002453

FILED  
Apr 28, 2011  
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:**

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

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

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

**Title:** ST  
**Name:** WILLIAMS, TIM  
**Address:** 6517 CHIPPEDALE  
**City-St-Zip:** LAKE LAND, FL 33809

I hereby 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 all other like empowered.

**SIGNATURE:** J. M. (MIKE) FAGAN SR

DP

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date