

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90195 034 \*\*\*150.00

**DOCUMENT # P00000015886**

1. Entity Name  
**ALLIGATORZ WOOD FLOOR SANDING & REFINISHING  
INC.**



Principal Place of Business

**14945 WISE WAY 14945  
FORT MYERS, FL 33905**

Mailing Address

**602 JAMES AVE.  
LEHIGH ACRES, FL 33972**

**14945 WISE WAY  
FT. MYERS FL 33905**



04242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0984938**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GUSTAFSON, ROBERT  
602 JAMES AVE.  
LEHIGH ACRES, FL 33972**

**14945 WISE WAY  
Fort Myers, FL 33905**

**DO NOT WRITE  
IN THIS SPACE**

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

*Robert Gustafson*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-20-06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **President**  
NAME **GUSTAFSON, ROBERT**  
STREET ADDRESS **14945 WISE WAY 14945**  
CITY-ST-ZIP **FORT MYERS, FL 33905**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert Gustafson* **Robert Gustafson** **4-20-06** **(239) 910-5424**