

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90385 032 ***150.00

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1. Entity Name

ALLIGATORZ WOOD FLOOR SANDING & REFINISHING INC.



Principal Place of Business

14945 WISE WAY
FORT MYERS FL 33905

Mailing Address

14945 WISE WAY
FORT MYERS FL 33905



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

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
14945 WISE WAY
FORT MYERS FL 33905

7. Name and Address of New Registered Agent

Name

Troy Gustafson

Street Address (P.O. Box Number is Not Acceptable)

14945 WISE WAY

City

Fort Myers

FL

Zip Code

33905

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

Troy Gustafson - President

4-20-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

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

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Troy Gustafson
STREET ADDRESS 14945 WISE WAY
CITY- ST- ZIP FORT MYERS FL- 33905

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

Troy Gustafson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07 239.910.5424

Date

Daytime Phone #