

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90239 050 \*\*\*150.00

**DOCUMENT # P00000043684**

1. Entity Name  
**GATOR T-SHIRT SOLUTIONS, INC.**



Principal Place of Business  
**3731 NE 28TH TERR  
OCALA, FL 34479**

Mailing Address  
**PO BOX 1176  
OCALA, FL 34479**

2. Principal Place of Business  
**3731 NE 28TH TERR**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 1176**  
Suite, Apt. #, etc.



04172004 Chg-P CR2E034 (10/03)

City & State  
**OCALA, FL**  
Zip  
**34479** Country  
**MARIN**

City & State  
**OCALA, FL**  
Zip  
**34478** Country  
**MARIN**

4. FEI Number  
**59-3644650**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WILLIAMS, JOY C  
3731 NW 28TH TERR  
OCALA, FL 34479**

**7. Name and Address of New Registered Agent**

Name  
**KEENE D. WILLIAMS**  
Street Address (P.O. Box Number is Not Acceptable)  
**3731 NE 28TH TERR**  
City  
**OCALA** FL Zip Code  
**34479**

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 **Keene D. Williams - President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WILLIAMS, JOY C 3731 NE 28TH TERR OCALA, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WILLIAM, KEENE D 3731 NE 28TH TERR OCALA, FL 34474	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 **Jim E. Williams**

**4/29/04**