

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000061175

1. Entity Name

R. J. GATORS OF BOYNTON BEACH, INC.



Principal Place of Business

609 N. HEPBURN AVE., SUITE 103
JUPITER, FL 33469

Mailing Address

609 N. HEPBURN AVE., SUITE 103
JUPITER, FL 33469

DO NOT WRITE IN THIS SPACE



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1019233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TIMOTEO, REGINALD L
609 N. HEPBURN AVE., SUITE 103
JUPITER, FL 33469

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. --OFFICERS AND DIRECTORS

TITLE P
NAME TIMOTEO, REGINALD
STREET ADDRESS 6109 FOUNTAIN PALM DR
CITY-ST-ZIP JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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U000000168838
07/29/04-80011-005 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/20/04 561 5750326