

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000111894

1. Entity Name
GATOR SITEWORK, INC.



Principal Place of Business
7290 WAELTI DR
MELBOURNE, FL 32940

Mailing Address
7290 WAELTI DR
MELBOURNE, FL 32940

FILED
May 01, 2006 08:00 AM
Secretary of State



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3685758

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WAELTI, RICK SR
7290 WAELTI DRIVE
MELBOURNE, FL 32940

**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

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

(NOTE: Registered Agent signature required when reinstating)

4/24/06
DATE

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 D
NAME WAELTI, RICK SR
STREET ADDRESS 7290 WAELTI DR
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE D
NAME WAELTI, RICK JR
STREET ADDRESS 7290 WAELTI DR
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE D
NAME CARUSO, PAT
STREET ADDRESS 2255 NE 131ST LN
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000556319
05/17/06-80005-015 150.00

**DO NOT WRITE
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

4/24/06
Date

321-659-2583
Daytime Phone #