


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000000555</b> 1. Entity Name FUDPUCKER'S ALLIGATOR BEACH, INC.	
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Principal Place of Business 20001-A EMERALD COAST PARKWAY DESTIN, FL 32541	Mailing Address 20001-A EMERALD COAST PARKWAY DESTIN, FL 32541
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**DO NOT WRITE IN THIS SPACE**



04022005 No Chg-P CR2E034 (10/03)

4. FEI Number 26-0008880	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
EDWARDS, TIMOTHY M  
20001-A EMERALD COAST PARKWAY  
DESTIN, FL 32541

**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) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST EDWARDS, TIMOTHY M 500 WALTON WAY DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KROEGER, CHESTER G 606 LAGOON DRIVE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000330722  
04/25/05-80174-001 158.75

**DO NOT WRITE  
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)(f), 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:  04/14/05 850 634 154/1