2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State
03-24-2006 90024 003 ***150.00

DOCUMENT # P02000013301

1. Entity Name

GATOR STORAGE TRAILER RENTAL, INC.

Principal Place of Business	Mailing Address
2639 EAST BELL AVENUE BELL FL 32619	POST OFFICE BOX 88 BELL FL 32619

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
2639 E. Bell Avenue	P.O. Box 88
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bell, FL	City & State: Bell, FL
Zip: 32619 Country: U.S.	Zip: 32619 Country: U.S.

4. FEI Number 04-3590520 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
H & R BLOCK 14557 NW US HWY 441 ALACHUA FL 32615	Name: H & R Block Street Address (P.O. Box Number is Not Acceptable): 14557 NW US HWY 441 City: Alachua FL Zip Code: 32615

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] 3-15-06
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
After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROYSTER, WILLIAM R	NAME	
STREET ADDRESS	2639 E BELL AVE	STREET ADDRESS	
CITY-ST-ZIP	BELL FL 32619	CITY-ST-ZIP	
TITLE	COO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROYSTER, SHEILA L	NAME	
STREET ADDRESS	2639 E BELL AVE	STREET ADDRESS	
CITY-ST-ZIP	BELL FL 32619	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 4-4-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #