2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 04, 2007 08:00 Al Secretary of State DOCUMENT # P02000095757 1. Entity Name GATOR-STATE DEVELOPMENT, INC. Principal Place of Business Mailing Address 1537 HUNTER LANE S 1537 HUNTER LANE \$ CLEARWATER, FL 33764 CLEARWATER, FL 33764 No Chg-P CR2E034 (11/05) 01282007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3655980 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NORMAN, H. CURTIS DO NOT WRITE 1537 HUNTER LANE S CLEARWATER, FL 33764 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 alignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10000069887610. OFFICERS AND DIRECTORS 04/11/07-80013-006 150.mm TITLE **DPST** NORMAN, H. CURTIS STREET ADDRESS 1537 HUNTER LANE S CLEARWATER, FL 33764 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 DIRECT

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4-1-07

727-798-663

FILED

Dayline Phone 6