FILED
May 25, 2007 8:00 am
Secretary of State
05-25-2007 90028 039 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

50001654

DOCUMENT # P02000127445

1. Entity Name
ALLIGATOR MEAT, INC.

Principal Place of Business
3701 AMBERMIST DRIVE
TAMPA, FL 33619

Mailing Address
3701 AMBERMIST DRIVE
TAMPA, FL 33619

2. Principal Place of Business - No P.O. Box # 9210 Taylor Rd.
Suite, Apt. #, etc.

3. Mailing Address SAME
Suite, Apt. #, etc.

04132007 Chg-P CR2E034 (12/06)

City & State SEFFNER, FL
Zip 33584 Country USA

City & State SAME
Zip SAME Country SAME

4. FEI Number 57-1151329 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
CARPENTER, E. CHARLES
3701 AMBERMIST DRIVE
TAMPA, FL 33619

7. Name and Address of New Registered Agent
Name Carpenter E Charles
Street Address (P.O. Box Number is Not Acceptable) 9210 Taylor Rd
City SEFFNER, L FL Zip Code 33584

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
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

4/26/07

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCEO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARPENTER, E. CHARLES JR	NAME	
STREET ADDRESS	3701 AMBERMIST DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33619	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARPENTER, EDWARD	NAME	
STREET ADDRESS	6119 BLACK DAIRY RD	STREET ADDRESS	
CITY-ST-ZIP	SEFFNER, FL 33584	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 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 Date Daytime Phone #