

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000002671

1. Entity Name  
GATOR AUTO INSURANCE, INC.



Principal Place of Business  
8812 US 19 NORTH  
PORT RICHEY, FL 34668

Mailing Address  
8812 US 19 NORTH  
PORT RICHEY, FL 34668

**DO NOT WRITE IN THIS SPACE**

**FILED  
Mar 12, 2007 8:00 am  
Secretary of State**

03-12-2007 90377 049 \*\*\*150.00



03012007 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0440832	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNHAM, DANA L  
969 COBBLESTONE LANE  
TARPON SPRINGS, FL 34668

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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 renstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

8. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME DUNHAM, DANA L  
STREET ADDRESS 8812 US 19 NORTH  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE V  
NAME PIASENCY, TERENCE T  
STREET ADDRESS 8812 US 19 NORTH  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

Dana L. Dunham

3/8/07 (22) 847-1077  
Date Daytime Phone #