


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-12-2007 90377 049 ***150.00

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| DOCUMENT # P03000002671 |  |
| 1. Entity Name GATOR AUTO INSURANCE, INC. | |

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| Principal Place of Business 8812 US 19 NORTH PORT RICHEY, FL 34668 | Mailing Address 8812 US 19 NORTH PORT RICHEY, FL 34668 |
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DO NOT WRITE IN THIS SPACE



03012007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 51-0440832 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent DUNHAM, DANA L 969 COBBLESTONE LANE TARPON SPRINGS, FL 34668 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DUNHAM, DANA L 8812 US 19 NORTH PORT RICHEY, FL 34668 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PIASENCY, TERENCE T 8812 US 19 NORTH PORT RICHEY, FL 34668 |
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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: Dana L. Dunham 3/8/07 (727) 847-1077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #