

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002671

FILED
Apr 13, 2012
Secretary of State

Entity Name: GATOR AUTO INSURANCE, INC.

Current Principal Place of Business:

8812 US 19 NORTH
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

8812 US 19 NORTH
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 51-0440832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ADLER, SABRINA
4914 TIGERTAIL CT
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS
Name: WILLIS, GLENN E
Address: 8812 US 19 NORTH
City-St-Zip: PORT RICHEY, FL 34688

Title: VP
Name: ADLER, SABRINA
Address: 4914 TIGERTAIL CT
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP
Name: STEINER, THEODORE JR
Address: 9233 GLEN MOOR LN
City-St-Zip: PORT RICHEY, FL 34668

Title: VP
Name: WILLIS, EMERSON C
Address: 8812 US 19 NORTH
City-St-Zip: PORT RICHEY, FL 34688

Title: VP
Name: WILLIS, CHELSEA R
Address: 8812 US 19 NORTH
City-St-Zip: PORT RICHEY, FL 34688

Title: CEO
Name: WILLIS, GLENN E
Address: 8812 US 19 NORTH
City-St-Zip: PORT RICHEY, FL 34688

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GLENN E. WILLIS

PS

04/13/2012

Electronic Signature of Signing Officer or Director

Date