

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000005355

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: GATOR SCOOPS, INC.

## Current Principal Place of Business:

602 S. MAIN STREET  
GAINESVILLE, FL 32601 US

## New Principal Place of Business:

1638 WEST UNIVERSITY AVE  
GAINESVILLE, FL 32603 US

## Current Mailing Address:

602 S. MAIN STREET  
GAINESVILLE, FL 32601 US

## New Mailing Address:

PO BOX 14602  
GAINESVILLE, FL 32604 US

FEI Number: 55-0819310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, GEOFFREY C  
602 S. MAIN STREET  
GAINESVILLE, FL 32601 US

## Name and Address of New Registered Agent:

WILSON, GEOFFREY C  
4510 NW 34TH DR  
GAINESVILLE, FL 32605 US

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:

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GEOFFREY, WILSON  
Address: 602 SOUTH MAIN STREET  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: D ( ) Delete  
Name: BISANZ, WILLIAM  
Address: PO BOX 14602  
City-St-Zip: GAINESVILLE, FL 32604 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: GEOFFREY, WILSON  
Address: 4510 NW 34TH DR  
City-St-Zip: GAINESVILLE, FL 32605 US

Title: SD (X) Change ( ) Addition  
Name: BISANZ, WILLIAM  
Address: PO BOX 14602  
City-St-Zip: GAINESVILLE, FL 32604 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GEOFFREY WILSON

PTD

04/30/2004

Electronic Signature of Signing Officer or Director

Date