


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90017 021 ***150.00

DOCUMENT # P03000058622 1. Entity Name THE GOLDEN GATOR, INC.					
Principal Place of Business 735 SO.VILLAGE DR. NO. #202 ST.PETERSBURG FL 33716 US			Mailing Address P.O. BOX 20188 ST.PETERSBURG FL 33742 US		
2. Principal Place of Business 11931 SW 229 AVE Suite, Apt. #, etc.			3. Mailing Address P.O. Box 3057 Suite, Apt. #, etc.		
City & State DUNNELLO FL.		City & State DUNNELLO FL.		4. FEI Number 54-2112565	
Zip 34431		Country MARION		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEHARG, PHILIP T 735 SO.VILLAGE DR. NO. #202 ST.PETERSBURG FL 33716			7. Name and Address of New Registered Agent Name MEHARG, PHILIP T. Street Address (P.O. Box Number is Not Acceptable) 11931 SW 229 AVE City DUNNELLO FL Zip Code 34431		
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 <u><i>Carol Meharg, President</i></u> DATE <u>3-1-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 ✓ Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete MEHARG, CAROL 735 SO.VILLAGE DR. NO. #202 ST.PETERSBURG FL 33716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MEHARG CAROL 11931 SW 229 AVE DUNNELLO, FL. 34431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES <input type="checkbox"/> Delete MEHARG, PHILIP T 735 SO. VILLAGE DR. NO. #202 ST.PETERSBURG FL 33716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition MEHARG PHILIP T. 11931 SW 229 AVE. DUNNELLO, FL. 34431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>CAROL MEHARG</u> <u><i>Carol Meharg</i></u>			Date <u>3-1-06</u> Daytime Phone # <u>352-489-7327</u>		