



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

04-15-2004 90024 008 ***150.00

DOCUMENT # P03000068093			
1. Entity Name GATOR DOLLAR STORE, INC.			
Principal Place of Business 2580 S. ATLANTIC AVE. DAYTONA BEACH FL 32118		Mailing Address 2580 S. ATLANTIC AVE. DAYTONA BEACH FL 32118	
2. Principal Place of Business 2580 S. ATLANTIC AVE Daytona Beach Shells City & State FL - 32118		3. Mailing Address 2580 S. ATLANTIC AVE Daytona Beach Shells City & State Daytona Beach Shells FL - 32118 Country USA	
Zip		Country	
4. FEI Number 02-0697908		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAKHLA, HOUDA I 9120 BALMORAL MEWS SQUARE WINDERMERE FL 34786		7. Name and Address of New Registered Agent Name: NAKHLA HOUDA I Street Address (P.O. Box Number is Not Acceptable): 1201 N. Halifax Ave. Daytona Beach Fl. 32118 City: FL Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reappointing)	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2004: Fee will be \$550.00 Make Check Payable to Florida Department of State</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p>\$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D Delete NAKHLA, WAFIEK B 9120 BALMORAL MEWS SQUARE WINDERMERE FL 34786	TITLE	NAKHLA Wafiek B. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1201 N. Halifax Ave. Daytona Beach Fl. 32118
NAME	NAKHLA, HOUDA I Delete	NAME	NAKHLA HOUDA I. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9120 BALMORAL MEWS SQUARE	STREET ADDRESS	1201 N. Halifax Ave.
CITY-ST-ZIP	WINDERMERE FL 34786	CITY-ST-ZIP	Daytona Beach Fl. 32118
TITLE	D Delete NAKHLA, PETER W	TITLE	NAKHLA Peter W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9120 BALMORAL MEWS SQUARE	NAME	1201 N. Halifax Ave.
STREET ADDRESS	WINDERMERE FL 34786	STREET ADDRESS	Daytona Beach Fl. 32118
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		4-12-04 386-304-2111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytona Phone #	