

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-15-2004 90024 008 ***150.00

4/1:

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 2566 S. ATLANTIC AVE Suite, Apt. #, etc. Daytona Beach Shells City & State FL - 32118		3. Mailing Address 2566 S. ATLANTIC AVE Suite, Apt. #, etc. Daytona Beach Shells City & State FL - 32118	
Zip FL - 32118		Country USA	
4. FEI Number 02-0697908		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAKHILA, HOUDA I 9120 BALMORAL MEWS SQUARE WINDERMERE FL 34786		7. Name and Address of New Registered Agent Name NAKHILA 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004: 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	D Delete NAKHILA, WAFIEK B 9120 BALMORAL MEWS SQUARE WINDERMERE FL 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAKHILA Wafiek B. 1201 N. Halifax Ave. Daytona Beach FL 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete NAKHILA, HOUDA I 9120 BALMORAL MEWS SQUARE WINDERMERE FL 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAKHILA Houda I. 1201 N. Halifax Ave. Daytona Beach FL 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete NAKHILA, PETER W 9120 BALMORAL MEWS SQUARE WINDERMERE FL 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAKHILA Peter W. 1201 N. Halifax Ave. Daytona Beach FL 32118 <input checked="" 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
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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
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-12-04 386-304-2111 <small>Date Daytona Phone #</small>	