


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90004 001 \*\*\*550.00

<b>DOCUMENT # P03000098529</b>		
1. Entity Name <b>BLOOMING GATOR, INC.</b>		

Principal Place of Business <b>11122 NW 15TH PLACE GAINESVILLE, FL 32606</b>	Mailing Address <b>11122 NW 15TH PLACE GAINESVILLE, FL 32606</b>
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2. Principal Place of Business <b>5815 SW 75th Street</b>	3. Mailing Address <b>5815 SW 75th Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



06302004 Chg-P CR2E034 (10/03)

City & State <b>Gainesville, FL</b>	City & State <b>Gainesville, FL</b>
Zip <b>32608</b>	Country <b>USA</b>
Zip <b>32608</b>	Country <b>USA</b>

4. FEI Number <b>20-0239483</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>KNOWLES, SUSAN K 11122 NW 15TH PLACE GAINESVILLE, FL 32606</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 <b>Susan K Knowles</b>	<b>SUSAN KNOWLES, PRESIDENT</b>
DATE <b>7-20-2004</b>	

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KNOWLES, SUSAN K 11122 NW 15TH PLACE GAINESVILLE, FL 32606</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: <b>Susan K Knowles</b>	<b>SUSAN KNOWLES</b>
DATE <b>7-20-2004</b>	
Daytime Phone # <b>352-372-0606</b>	