

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

DOCUMENT # P03000103387

1. Entity Name
GATOR C.W., INC.



Principal Place of Business
**2910 LEE BLVD
LEHIGH ACRES, FL 33971**

Mailing Address
**11350 MAHOGANY RUN
FT MYERS, FL 33913**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

15969 Paseo Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples, FL

Zip

Country

Zip

34110

Country

Collier

02022007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-0241455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIS, RODERICK
11350 MAHOGANY RUN
FT MYERS, FL 33913**

7. Name and Address of New Registered Agent

Name **Joseph D. Francher**

Street Address (P.O. Box Number is Not Acceptable)

15969 Paseo Lane

City **Naples**

FL

Zip Code
34110

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/2/07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **WILLIS, RODERICK W**
STREET ADDRESS **11350 MAHOGANY RUN**
CITY-ST-ZIP **FT MYERS, FL 33913**

TITLE **VP** ☒ Delete
NAME **WILLIS, CONNIE L**
STREET ADDRESS **11350 MAHOGANY RUN**
CITY-ST-ZIP **FT MYERS, FL 33913**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **Joseph D. Francher**
STREET ADDRESS **15969 Paseo Lane**
CITY-ST-ZIP **Naples, Florida 34110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07
Date

239-591-4370
Daytime Phone #