


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90083 040 \*\*\*150.00

DOCUMENT # P03000104813

1. Entity Name  
**GATORMAX, INC.**



Principal Place of Business  
**801 N. UNIVERSITY AVE  
 ARCHER, FL 32618**

Mailing Address  
**801 N. UNIVERSITY AVE.  
 ARCHER, FL 32618**

2. Principal Place of Business - No P.O. Box #  
**12526 SW State Road**

3. Mailing Address  
**12526 SW State Road 45**

Suite, Apt. #, etc.  
**45**

City & State  
**Archer FL**

City & State  
**Archer FL**

Zip  
**32618**

Country



4. FEI Number  
**65-1212286**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ZSCHAECK, RICARDO G  
 1022 NW 39TH AVE  
 GAINESVILLE, FL 32609**

7. Name and Address of New Registered Agent

Name **Carmen Cuenca (CC Accounting)**

Street Address (P.O. Box Number is Not Acceptable)  
**6910 W University Ave. Suite 2**

**Gainesville FL 32607**

City **FL** Zip Code **32607**

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: **2/22/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD ZSCHAECK, RICARDO G 1022 NW 39TH AVE GAINESVILLE, FL 32609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE: **02/22/07**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR