

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90029 043 ***150.00

DOCUMENT # P03000107004

1. Entity Name
SMILING GATOR PRODUCTIONS, INC.



Principal Place of Business
**2357 BUCKINGHAM RUN COURT
ORLANDO, FL 32828**

Mailing Address
**2357 BUCKINGHAM RUN COURT
ORLANDO, FL 32828**

94020708



2. Principal Place of Business

ONE SOUTH ORANGE AVE

3. Mailing Address

20 N. ORANGE AVE

Suite, Apt. #, etc.

SUITE 405

Suite, Apt. #, etc.

SUITE 407

02102004

Chg-P

CR2E034 (10/03)

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

20-0274882

Applied For

Not Applicable

Zip

32801

Country

USA

Zip

32801

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HENDRY STONER DELANCETT & BROWN PA
20 N. ORANGE AVENUE
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name

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

SUITE 407

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution

☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLAUSNITZER, WARREN
2357 BUCKINGHAM RUN CT
ORLANDO, FL 32828** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~DELETED~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D, P ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY / DIRECTOR
MONTGOMERY KINGSLEY
14987 HAWKINS MOOR RUN CIRCLE
ORLANDO, FL 32828** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
SIMMONS, MATTHEW
6879 REMINGTON VIEW CT
ORLANDO, FL 32829** ☐ Change ☒ Addition

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

2-15-04

Date

Daytime Phone #

617-669-0870