

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90118 007 ***150.00

DOCUMENT # P03000107367					
1. Entity Name GATOR CLEANING SERVICES OF S.W. FL, INC.					
Principal Place of Business 2607 2 STREET EAST LEHIGH ACRES, FL 33972			Mailing Address 2607 2 STREET EAST LEHIGH ACRES, FL 33972		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. 2607 2ND ST. E. City & State			Suite, Apt. #, etc. 2607 2ND ST. E. City & State		
Zip		Country		Zip	
Country		Country		06042004 Chg-P CR2E034 (10/03)	
4. FEI Number 043777826				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 WATSON, HAROLD 9081 CORAL GABLES RD FT MYERS, FL 33912			7. Name and Address of New Registered Agent Name Harold Watson Street Address (P.O. Box Number is Not Acceptable) 5317 27th St. SW City Lehigh Acres FL Zip Code 33971		
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 6/2/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President HAROLD WATSON 5317 27th St SW Lehigh Acres FL 33971		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3529 Winfred Row Lane #3002 NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete Secretary DELIA LARA P.O. BOX 702 IMMOKALEE, 34143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary Harold Watson 3529 Winfred Row Lane #3002 Naples, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TREASURER JANELL B. TRAVIS 2607 2ND ST. EAST LEHIGH ACRES, FL 33972		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete WITON TRAVIS, JR. V. President 2607 2ND ST. EAST LEHIGH ACRES, FL 33972		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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:			HAROLD WATSON 6/2/04 239-770-1413 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		