



**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

66433491



<b>DOCUMENT # P03000112631</b>				<b>Secretary of State</b>	
1. Entity Name <b>TEN GATORS INC.</b>				08-27-2004 90001 013 ***150.00	
Principal Place of Business <b>8460 SE 71ST NEWBERRY FL 32669 US</b>		Mailing Address <b>8460 SE 71ST NEWBERRY FL 32669 US</b>		<b>66433491</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>MOORE CR2E034 (4/04)</b>	
City & State		City & State		4. FEI Number <b>20-0304398</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BUNTING, JOHN M SR. 8460 SE 71ST NEWBERRY FL 32669</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUNTING, JOHN M SR.		NAME	ELKIN GARY W. JR.	
STREET ADDRESS	8460 SE 71ST		STREET ADDRESS	104 FOX SQUIRREL LN.	
CITY-ST-ZIP	NEWBERRY FL 32669		CITY-ST-ZIP	HAWTHORN, FL 32640	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>John Bunting</i>			8-24-04 *9-9-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Attachment 66433491

# P03000112631

I NEVER RECEIVED ANYTHING TELLING  
ME TO REFILE OR I WOULD HAVE  
SENT A CHECK.

THIS IS MY FIRST YEAR AND I  
DIDNT KNOW THAT I WOULD HAVE TO  
FILE EVER YEAR.

PLEASE SEND ME A DATE THAT  
I WHEN I NEED TO REFILE SO  
THIS WONT HAPPEN AGAIN.