


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2007 08:00 AM
Secretary of State**

DOCUMENT # P03000112631 1. Entity Name TEN GATORS INC.		
Principal Place of Business 8460 SE 71ST NEWBERRY, FL 32669 US		Mailing Address 8460 SE 71ST NEWBERRY, FL 32669 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BUNTING, JOHN M SR. 8460 SE 71ST NEWBERRY, FL 32669		DO NOT WRITE IN THIS SPACE
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 _____ <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 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000616868 02/07/07-80048-014 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUNTING, JOHN M SR. 8460 SE 71ST NEWBERRY, FL 32669	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUNTING, JOHN M SR 8460 SE 71ST STREET NEWBERRY, FL 32669	
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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: <u>John Bunting</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/30/07</u> <u>352-246-6434</u> <small>Date Daytime Phone #</small>



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0304398	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required