

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000117949

1. Entity Name  
GATOR PROPERTY MANAGEMENT OF TAMPA BAY, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP 22 AM 8:17

Principal Place of Business  
22550 LAURELDALE DRIVE  
LUTZ, FL 33549

Mailing Address  
22550 LAURELDALE DRIVE  
LUTZ, FL 33549

2. Principal Place of Business  
*LAND O LAKES FL*  
Suite, Apt. #, etc.

3. Mailing Address  
*3837 Swans Landing DR*  
Suite, Apt. #, etc.



08052005 Chg-P CR2E034 (10/03)

City & State  
*LAND O LAKES FL*  
Zip  
*34639*  
Country  
*FLA CO*

City & State  
Zip  
*34639*  
Country  
*USA*

4. FEI Number Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
SEARS, JAMES  
22550 LAURELDALE DRIVE  
LUTZ, FL 33549

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
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]* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$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		
TITLE	P	<input type="checkbox"/> Delete
NAME	SEARS, JAMES	
STREET ADDRESS	22550 LAURELDALE DRIVE	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

700059869667  
03/22/05--01034--004 \*\*\$150.00

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #