

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000126774**

1. Entity Name  
ALLIGATOR HOLDINGS, INC.



Principal Place of Business  
9030 W FORT ISLAND TRAIL STE 5  
CRYSTAL RIVER, FL 34429

Mailing Address  
9030 W FORT ISLAND TRAIL STE 5  
CRYSTAL RIVER, FL 34429



01182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
05-0591818

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GREEN, JAMES DAVID ESQ.  
9030 W FORT ISLAND TRAIL STE 5  
CRYSTAL RIVER, FL 34429

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when re-registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000626516  
02/15/07-80023-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LEE, CATHERINE 715 EDGEWATER DR. GARNER, NC 27529
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS LEE, RICHARD 715 EDGEWATER DR. GARNER, NC 27529
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-07

Date

919 772 2024

Daytime Phone #