2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000139206

1. Entity Name
GATOR TILE, INC.

Principal Place of Business	Mailing Address
9090 NE 99 AVE	9090 NE 99 AVE
BRONSON, FL 32621	BRONSON, FL 32621

DO NOT WRITE IN THIS SPACE

20033035

02222005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
20-0429696	Not Applicable

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

6. Name and Address of Current Registered Agent

BRANNAN, SHARON C CPA
161 N MAIN ST
WILLISTON, FL 32696

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	LINCOLN, HARRY E
STREET ADDRESS	10330 NE 90 ST
CITY-ST-ZIP	BRONSON, FL 32621
TITLE	V
NAME	LINCOLN, PATRICIA
STREET ADDRESS	9090 NE 99 AVE
CITY-ST-ZIP	BRONSON, FL 32621
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _Harry E. Lincoln_   Harry E. Lincoln   4-12-05   (852) 918-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #