


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90074 049 ***150.00

DOCUMENT # P03000140149	
1. Entity Name ELLIGATORS, INC.	

Principal Place of Business 4563 TRAILS DR SARASOTA, FL 34232	Mailing Address 4563 TRAILS DR SARASOTA, FL 34232
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40038076



2. Principal Place of Business - No P.O. Box # 30607 Singletary Rd Suite, Apt. #, etc.	3. Mailing Address 30607 Singletary Rd Suite, Apt. #, etc.
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03122007 Chg-P CR2E034 (12/06)

City & State Myakka City Fl	City & State Myakka City, Fl
Zip 34251-9782	Zip 34251-9782
Country Manatee	Country Manatee

4. FEI Number 20-0429978	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BALES, MARK 4563 TRAILS DR SARASOTA, FL 34232
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 30607 Singletary Rd City Myakka City FL 34251-9782

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  Mark A. Bales	DATE 3-14-07
<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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BALES, CHRIS 4563 TRAILS DR SARASOTA, FL 34232 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BALES, MARK 4563 TRAILS DR SARASOTA, FL 34232 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	30607 Singletary Rd Myakka City, Fl 34251-9782 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	30607 Singletary Rd Myakka City, Fl 34251-9782 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Mark A. Bales	DATE 3-14-07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	