2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 20, 2005
Secretary of State

DOCUMENT# P03000150255

Entity Name: GATOR TRUCKING, INC.

Current Principal Place of Business:

53500 LOBLOLLY ROAD
LABELLE, FL 33973

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 724
LABELLE, FL 33975

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALDERMAN, BONITA
113 MCARTHUR AVE.
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

ALDERMAN, NANCY
28875 LOBLOLLY BAY RD., N.W.
LABELLE, FL 33973 US

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.

SIGNATURE: NANCY ALDERMAN 10/20/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALDERMAN, DALE J
Address: 53500 LOBLOLLY RD.* (*NOT MAILABLE)
City-St-Zip: LABELLE, FL 33935

Title: V ( ) Delete
Name: ALDERMAN, NANCY A
Address: 53500 LOBLOLLY RD.* (*NOT MAILABLE)
City-St-Zip: LABELLE, FL 33935

Title: S ( ) Delete
Name: ALDERMAN, NANCY A
Address: 53500 LOBLOLLY RD.* (*NOT MAILABLE)
City-St-Zip: LABELLE, FL 33935

Title: T ( ) Delete
Name: ALDERMAN, NANCY A
Address: 53500 LOBLOLLY RD.* (*NOT MAILABLE)
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE ALDERMAN P 10/20/2005
Electronic Signature of Signing Officer or Director Date