

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150255

Entity Name: GATOR TRUCKING, INC.

FILED
Apr 29, 2007
Secretary of State

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: 52-2420402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

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 exemption stated 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 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: NANCY ALDERMAN

VP

04/29/2007

Electronic Signature of Signing Officer or Director

Date