

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000042153

1. Entity Name
GATORWORLD PARKS OF FLORIDA, INC.



Principal Place of Business
27137 COUNTY ROAD 33
OKAHUMPKA, FL 34762

Mailing Address
27137 COUNTY ROAD 33
OKAHUMPKA, FL 34762

DO NOT WRITE IN THIS SPACE

**FILED
May 04, 2006 8:00 am
Secretary of State**

05-04-2006 90231 047 ***150.00



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0904560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DUNCAN, BRUCE S
308 FIFTH AVE
MT. DORA, FL 32757
DON M. BUCKNER
27137 COUNTY ROAD 33
OKAHUMPKA, FL 34762

**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

DON M. BUCKNER

4/24/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUCKNER, DON M
STREET ADDRESS	27137 COUNTY ROAD 33
CITY-ST-ZIP	OKAHUMPKA, FL 34762

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DON M. BUCKNER 4/24/06 352-728-4644

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**