

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-04-2006 90231 047 ***150.00

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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



01182006

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-0904560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~DUNGAN, 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

DON M. BUCKNER

4/24/06

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, 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
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CITY-ST-ZIP

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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

Date

4/24/06

Daytime Phone #

352-728-4644