## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P04000058591

1. Entity Name

GATOR POWER LAWN SERVICE BY GUY SEARS INC.



Principal Place of Business

5308 KERVIN ROAD CRESTVIEW, FL 32539 Mailing Address

5308 KERVIN ROAD CRESTVIEW, FL 32539

## FILED Apr 27, 2007 8:00 am Secretary of State

04-27-2007 90178 040 \*\*\*150.00

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### DO NOT WRITE IN THIS SPACE

01292007	No Chg-P	CR2E034 (11/05)			
4. FEI Number			Applied For		

4. FEI Number 20-1002425

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEARS, GUY D 5308 KERVIN ROAD CRESTVIEW, FL 32539

# DO NOT WRITE IN THIS SPACE

	(c)					
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 signatur	e required when reinstating)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ     Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEARS, GUY D 5308 KERVIN ROAD CRESTVIEW, FL 32539	•	÷			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEARS, TODD A 5308 KERVIN ROAD CRESTVIEW, FL 32539					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEARS, TROY D 5308 KERVIN ROAD CRESTVIEW, FL 32539			DO	NOT WRITE	
TITLE NAME STREET ADDRESS : CITY-ST-ZIP				in.° '√	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•	
TITLE NAME STREET ADDRESS				•		

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: <

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SKENING OFFICER OR DIRECTOR

24 APR 07

(850) 582-6421

Daytima Phone #

Date