2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000080830

Title:

Name:

Address:

City-St-Zip:

Entity Name: CATOD INVESTMENTS COOL

FILED Apr 24, 2008 Secretary of State

Entity Name: GATOR INVESTMENTS GROUP, INC. **Current Principal Place of Business: New Principal Place of Business:** 9599 GATOR DR SEBASTIAN, FL 32958 **Current Mailing Address: New Mailing Address:** PO BOX 700216 WABASSO, FL 32970 FEI Number: 34-2002356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOFTUS, PATRICK J 9599 GATOR DR SEBASTIAN, FL 32958 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LOFTUS, PATRICK J Name: Name: 9 DOLPHIN DR Address: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: Title: () Delete () Change () Addition Name: LOFTUS, DONNA D Name: 9 DOLPHIN DR Address: Address: VERO BEACH, FL 32960 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete CRAFT, WILLIAM P CRAFT, WILLIAM P Name: Name: 705 SHORE DR 6740 3RD PL SW Address: Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32962

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PATRICK J LOFTUS D 04/24/2008

() Delete

CRAFT, MICHELLE

VERO BEACH, FL 32963

705 SHORE DR

(X) Change () Addition

CRAFT, MICHELLE

VERO BEACH, FL 32962

6740 3RD PL SW