## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2005 8:00 am Secretary of State

DOCUMENT # P04000129397  1. Entity Name ALLIGATOR TRUCKING, INC.					04-29-2005 90243 012 ***150.00				
Principal Place	e of Business	Mailing Address							
	SHORE BLVD NORTH	4200 GULF SHORE BLY	4200 GULF SHORE BLVD NORTH						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03032005	Chg-P	CR2E03	4 (10/03)	
City & State		City & State			4. FEI Number 20:	-1607943		<b>├</b> ── <del> </del>	optied For of Applicable
Zip	Country	Zip	Country		5. Certificate o	f Status Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New F	Registered A	gent	
SAVIC TRI	UCKING, INC.			lame					
6017 PINE # 265	RIDGE ROAD			treet Address (	P.O. Box Number	is Not Acceptable	e) 		
NAPLES, F	FL 34119		'						
·			C	lity			FL	Zip Code	e
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered of	ffice or register	red agent, or both	, in the State of Fl	orida. I am fa	amiliar with,	and accept
SIGNATURE		and title if applicable. (NOT)	E: Registered Age	ent signature required	t when reinstating)		DATE		
SIGNATURE		9. Election Campa	ign Financing	g \$5.	.00 May Be		DATE		
SIGNATURE	Signature, typed or printed name of registered agent	9. Election Campa Trust Fund Cont	ign Financing	g \$5.	.00 May Be led to Fees	HANGES TO OFF		DIRECTORS	S IN 11
SIGNATURE FILI After Ma	Signature, typed or printed name of registered agent E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Cont	ign Financing ribution.	g \$5.	.00 May Be led to Fees	HANGES TO OFF		DIRECTORS	S IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my eignature half 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 employered 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 educates, with all other like employered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ERIC LUTGERT
SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05

(239) 261-6100 Daytime Phone #

Date