

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000010167

1. Entity Name
GATOR INSTALLATION, INC.



Principal Place of Business
210 NORTH SHADOW BAY DRIVE
ORLANDO, FL 32825

Mailing Address
210 NORTH SHADOW BAY DRIVE
ORLANDO, FL 32825

FILED
Sep 15, 2008 08:00 AM
Secretary of State



08182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0736057

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KERE, DARRELL
210 NORTH SHADOW BAY DRIVE
ORLANDO, FL 32825

**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

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PV
KERCE, DARRELL
210 NORTH SHADOW BAY DRIVE
ORLANDO, FL 32825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
KERCE, BEVERLY
210 NORTH SHADOW BAY DRIVE
ORLANDO, FL 32825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000959661
09/15/08-80001-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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

9-11-08

Date

Daytime Phone #