2006 FOR PROFIT CORPORATION

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

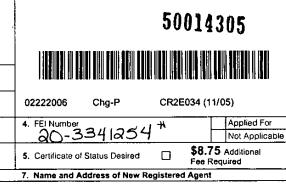
3031 ARROWHEAD RD

VENICE, FL 34293

ANNUAL REPORT

FILED Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90218 046 ***150.00



6. Name and Address of Current Registered Agent Name SELL, GREGORY Street Address (P.O. Box Number is Not Acceptable) 3031 ARROWHEAD RD VENICE, FL 34293 City Zip Code

Country

8.	The above named entity submits this statement for	or the purpose of changing its registered off	ice or registered agent, or both	i, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.		75		
c i	CNATHER GREGORYT SELL	Missour Jell-	tresident	4-18.	-06

FILE NOW!!! FEE IS \$150.00

SIGNATURE GREGORY T. SELL

DOCUMENT # P05000111900

GATÓR CURBING & RESCREENING, INC.

Country

Principal Place of Business

2. Principal Place of Business

3031 ARROWHEAD RD

VENICE, FL 34293

Suite, Apt. #, etc.

City & State

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE Delete TITLE SELL, GREGORY NAME NAME STREET ADDRESS 3031 ARROWHEAD RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE, FL 34293 Delete ☐ Addition TITLE TITLE SELL, DANIEL NAME STREET ADDRESS STREET ADDRESS 3031 ARROWHEAD RD VENICE, FL 34293 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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-S1-ZIP

4-18-06

941-497-4450