

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90337 031 ***150.00

DOCUMENT # P05000139522

1. Entity Name
GATOR & DAVES AUTO CENTER, INC.



Principal Place of Business
**3690 NE 42ND LANE
OCALA, FL 34479**

Mailing Address
**6226 SE 113TH STREET
BELLEVUE, FL 34420**

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

42-1681823

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMMS, FRANCIS B II
4227 SE 100TH STREET
BELLEVUE, FL 34420**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIMMS, FRANCIS B II
4227 SE 100TH STREET
BELLEVUE, FL 34420** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
YOUNG, WILLIAM DAVID
3408 SE 4TH STREET
OCALA, FL 34471** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GILLIS, WAYNE H
6226 SE 113TH STREET
BELLEVUE, FL 34420** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GILLIS, LINDA S
6226 SE 113TH STREET
BELLEVUE, FL 34420** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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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: *Wayne H. Gillis* **Wayne H. Gillis** **4-7-06** **352-245-0628**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #