

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000059914

1. Entity Name
JP ALLIGATOR ENTERPRISES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -7 PM 12:06

Principal Place of Business
975 JADESTONE CIRCLE
ORLANDO, FL 32828

Mailing Address
975 JADESTONE CIRCLE
ORLANDO, FL 32828



05142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4868294

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

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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 \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBINSON, DORIS LARRICK
STREET ADDRESS	975 JADESTONE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	VSTD
NAME	ROBINSON, GLENN WILLIAM
STREET ADDRESS	975 JADESTONE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	D
NAME	ROBINSON, CALLIE JEAN
STREET ADDRESS	975 JADESTONE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100136689091
10/07/08--01009--018 **\$550.00

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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

Date

Daytime Phone

Glenn Robinson 09/10/08 407-937-8720