2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

| DOCUMENT # P06000084524 1. Entity Name GATOR CAPITAL, INC. | | | | 04-09-20 | 008 900 32 026 | 5 ***15 | 50.00 | |
|--|--|------------------------------------|--|--------------------|-----------------------|----------------------------|---------------------------|--|
| Principal Place of Business | Mailing Address | h | 7 '' | | | | | |
| 857 NE DIXIE HWY. JENSON BEACH, FL 34957 US | 857 NE DIXIE HWY. JENSON BEACH, FL 349: | 57 US | | 08207 | | SS HDH GIÐI | 1981 M 1881 | |
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 04242008 | Chg-P | CR2E034 (| 12/06) | | |
| City & State JENSEN BEACH | City & State JENSEN BER | 7CH | 4. FEI Numbe | 20-52 | 175526 | | plied For t Applicable | |
| Zip Country | Zip | Country | 5. Certificate | of Status Desire | | 75 Addi Required | | |
| 6. Name and Address of Current | Registered Agent | | 7. Name and | Address of Ne | w Registered Agen | it | | |
| AND REMINETED | | Name | | | | | | |
| JONES, KENNETH L 2550 63RD AVENUE SOUTH ST. PETERSBURG, FL 33712 | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 31.1 ETERODORO, 1 E 33/12 | | | | | | | | |
| | | City | | | FL | Zip Code | 3 | |
| The above named entity submits this statement to the obligations of registered agent. | or the purpose of changing its re | egistered office or registe | ered agent, or bo | th, in the State o | f Florida. I am famil | iar with, a | and accept | |
| SIGNATURE Signature, typed or printed name of registered agent | and title if applicable (NOTE: I | Registered Agent signature require | ed when reinstatent) | | DATE | | | |
| Signature, typed of prince fame of objected agoni | 9. Election Campaig | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550. | | · | 5.00 May Be Ided to Fees | | | | | |
| 10. OFFICERS AND | DIRECTORS | 11. | ADDITIONS | CHANGES TO | OFFICERS AND DIF | RECTORS | 5 IN 11 | |
| TITLE P | Delete | TITLE | | | | Change | ☐ Addition | |
| NAME JONES, KENNETH L | | NAME | | | | | | |
| STREET ADDRESS 2550 63RD AVENUE SOUTH CITY-S1-ZIP ST. PETERSBURG, FL 33712 | | STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE VP | ☐ Delete | TITLE | **** | | | Change | Addition | |
| NAME JONES, CASSANDRA W | | NAME | | | | | | |
| STREET ADDRESS 2550 63RD AVENUE SOUTH | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP ST. PETERSBURG, FL 33712 | | CITY-ST-ZIP | | | L | 0 | Addition | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | | | | | | |
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| NAME | | NAME | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | | | | | | |
| | | 3 3. 2 | | | | Channa | ☐ Addition | |
| TITLE NAME | □ Dolata | TITLE | | | 1 1 | CHAINE | I Mooning | |
| | ☐ Delete | TITLE NAME | | | П | Change | ☐ Addition | |
| STREET ADDRESS | Delete | | | | | Change | ☐ Macaton | |

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 faccurate 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: LENGETH L. JONES 4/24/08 (772)334-4554

2008 FOR PROFIT CORPORATION ANNUAL REPORT

4/9/2008-90032-026-\$150.00-\$150.00

ATTACHNENT

| 1. Entity Nam | MENT #P06000084 CAPITAL, INC. | 524 | | | | | |
|--|---|---|---|---------------------------------------|--|-----------------------------|--|
| Principal Plac | e of Business | Mailing Address | | | | | |
| 857 NE DIXII JENSON BEA | E HWY. CH, FL 34957 US | 857 NE DIXIE HWY. JENSON BEACH, FL 34 | 4957 US | , , , | le60082 | Λ S | 2_ |
| | lace of Business - No P.O. Box # | 3. Mailing Address | | | 440000 | 07 | - . |
| Suite, Apt. | | Suite, Apt. #, etc. | | 04072008 | Chg-P CR2E034 | | |
| City & State | » N BEACH | JENSEN BO | EACH | 4. FEI Numb | 20-5275526 | | pplied For |
| Zip | Country | Zip Zip | Country | | e of Status Desired \$ | 8.75 Ad | |
| | 6. Name and Address of Current I | Registered Agent | 1 | 7. Name an | d Address of New Registered Ag | e Require | ×0 |
| | | | Name | ., | | <u> </u> | |
| 2550 63RD | ENNETH L DAVENUE SOUTH RSBURG, FL 33712 | | Street Ad | dress (P.O. Box Numb | per is Not Acceptable) | | |
| | | | City | | FL | Zip Cod | 10 |
| 8. The above | named entity submits this statement for | the purpose of changing its | registered office or r | egistered agent, or bi | | niliar with | and accept |
| the obligati | ions of registered agent. | | | | | | ш.о остори |
| SIGNATURE. | Signeture, typed or prived name of all placemed agent a | — KEA | VHETH L | JONES I required when remotestings | 4/7/08 PATE | > | |
| | E NOWIII FEE IS \$150.00 ny 1, 2008 Fee will be \$550.0 | 9. Election Campa Trust Fund Cont | | \$5.00 May Be Added to Fees | | | · |
| 10. | OFFICERS AND I | DIRECTORS | | | <u> </u> | | |
| | | PIRECIONS | 11. | ADDITIONS | /CHANGES TO OFFICERS AND D | HECTORS | S IN 11 |
| TITLE | Р | Delete | TITLE | ADDITIONS | | Change | S IN 11 |
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