

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000124903

1. Entity Name
ALLIGATOR TILE INC



FILED
Jul 09, 2008 08:00 AM
Secretary of State

Principal Place of Business
34149 SUNLAND AVE
LEESBURG, FL 34788

Mailing Address
34149 SUNLAND AVE
LEESBURG, FL 34788



07062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1292490	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOUCHTON, LISA
34149 SUNLAND AVE
LEESBURG, FL 34788

**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 Lisa Touchton [Signature] 7/7/08
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	P
NAME	TOUCHTON, LISA
STREET ADDRESS	34149 SUNLAND AVE
CITY - ST - ZIP	LEESBURG, FL 34788
TITLE	VP
NAME	JENKINS, WAYNE A SR
STREET ADDRESS	34149 SUNLAND AVE
CITY - ST - ZIP	LEESBURG, FL 34788
TITLE	SEC
NAME	JENKINS, WAYNE A SR
STREET ADDRESS	34149 SUNLAND AVE
CITY - ST - ZIP	LEESBURG, FL 34788
TITLE	TRES
NAME	LISA, TOUCHTON
STREET ADDRESS	34149 SUNLAND AVE
CITY - ST - ZIP	LEESBURG, FL 34788
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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07/09/08-80006-001 158.75

**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

Date

Daytime Phone #

7/7/08 352-408
4947