

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000010261

FILED
Apr 27, 2012
Secretary of State

Entity Name: GATOR ENGINEERING & AQUIFER RESTORATION, INC.

Current Principal Place of Business:

1173 SPRING CENTRE S. BLVD.
SUITE C
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

1173 SPRING CENTRE S. BLVD.
SUITE C
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 20-8287302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, NELSON N
1173 SPRING CENTRE S. BLVD.
SUITE C
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DPT
Name: WILSON, NELSON N
Address: 1173 SPRING CENTRE S. BLVD., SUITE C
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP
Name: KELLY, ALLAN J
Address: 1173 SPRING CENTRE S. BLVD., SUITE C
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S
Name: WILSON, JULIET C
Address: 1173 SPRING CENTRE S. BLVD., SUITE C
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NELSON N WILSON

DPT

04/27/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date