

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State

06-23-2008 90002 038 ***150.00

DOCUMENT # P07000067725 1. Entity Name GATORZZ CONTRACTING INC.					
Principal Place of Business 6309 BIGGS ST. ENGLEWOOD, FL 34224 US			Mailing Address 6309 BIGGS ST. ENGLEWOOD, FL 34224 US		
2. Principal Place of Business - No P.O. Box # 491 Edwards St		3. Mailing Address 491 Edwards St.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		05272008 Chg-P CR2E034 (12/06)	
City & State Englewood, FL		City & State Englewood, FL		4. FEI Number 65-1307955	
Zip 34223		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIRSCHY, JEFFREY B SR. 6309 BIGGS ST. ENGLEWOOD, FL 34224			7. Name and Address of New Registered Agent Name Temple K Tyler Street Address (P.O. Box Number is Not Acceptable) 491 Edwards St City Englewood FL Zip Code 34223		
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 <u><i>Temple K Tyler</i></u> TEMPLE K. TYLER President 6-1-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIRSCHY, JEFFREY B SR 6309 BIGGS ST. ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Temple K Tyler 491 Edwards St. Englewood, FL 34223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HIRSCHY, LEZLEY D 6309 BIGGS ST. ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeffrey B. Hirschy SR 491 Edwards St. Englewood, FL 34223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Jeffrey B. Hirschy</i></u> Jeffrey B. Hirschy 6-1-08 941-580-2597 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					