2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000091731

WINTERS, BEATRICE

1140 SADDLE RUN ROAD

NEW SMYRNA BEACH, FL 32168

Name:

Address:

City-St-Zip:

Entity Name: MIKE'S GATORS INC.

FILED Jul 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4255 PENINSULA POINT SANFORD, FL 32771 **Current Mailing Address: New Mailing Address:** 1140 SADDLE RUN ROAD NEW SMYRNA BEACH, FL 32168 FEI Number: 59-3216682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COBARRIS & COBARRIS ENTERPRISES, INC. 3300 WEST SOUTH STREET ORLANDO, FL 32805 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WINTERS, EDWARD Name: Name: 1140 SADDLE RUN ROAD Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip: Title: Title: () Delete () Change () Addition Name: KRONENBERG, CHRISTINE Name: 527 VENETIAN VILLA ROAD Address: Address: NEW SMYRNA BEACH, FL 32168 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition DREGGORS, FLEDA Name: Name: 472 COURTLAND BLVD Address: Address: City-St-Zip: DELTONA, FL 32738 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTINE KRONENBERG VP 07/02/2008