

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000105142

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** BLACK GATOR CONSULTING, INC.

**Current Principal Place of Business:**

8904 WATER LILY LANE  
TAMPA, FL 33635 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10512  
BROOKSVILLE, FL 34603 US

**New Mailing Address:**

**FEI Number:** 45-3993626

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CROSS, MELANIE J  
8904 WATER LILY LANE  
TAMPA, FL 33635 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:** PVST  
**Name:** CROSS, MELANIE  
**Address:** PO BOX 10512  
**City-St-Zip:** BROOKSVILLE, FL 34603 US

**Title:** D  
**Name:** CROSS, MELANIE  
**Address:** PO BOX 10512  
**City-St-Zip:** BROOKSVILLE, FL 34603 US

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:** MELANIE CROSS

PVST

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date