

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90026 040 ***150.00



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1. Entity Name

ALLIGATOR SIGNS COMPANY INC.

Principal Place of Business

2610 WINDSOR AVE
 WEST PALM BEACH FL 33407

Mailing Address

2610 WINDSOR AVE
 WEST PALM BEACH FL 33407

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

POB 078582
 Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Zip Country

City & State

WRP.B.L.
 33407 PALM Bch.

4. FEI Number

58-2079273

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SARNO, JOHN
 2610 WINDSOR AVE
 WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P Delete
 NAME SARNO, JOHN
 STREET ADDRESS 183 OCEAN PINES TERRACE
 CITY-ST-ZIP JUPITER FL

TITLE VPS Delete
 NAME SARNO, GLORIA
 STREET ADDRESS 183 OCEAN PINES TERRACE
 CITY-ST-ZIP JUPITER FL

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
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 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

John Sarno, JOHN Sarno (Presi) 2/7/05 (561) 833-5966