

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000006562**

1. Entity Name  
**GATOR & SEMINOLE MANIA, INC.**



Principal Place of Business  
**690 PONCE DE LEON DR  
SAINT PETERSBURG, FL 33715 US**

Mailing Address  
**690 PONCE DE LEON DR  
SAINT PETERSBURG, FL 33715 US**



02202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3227146** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SLESZYNSKI, KAREN W  
690 PONCE DE LEON DR  
ST. PETERSBURG, FL 33715**

**DO NOT WRITE  
IN THIS SPACE**

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 Karen Wedner Sleszynski N/A 3/6/06  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**  
NAME **SLESZYNSKI, KAREN W**  
STREET ADDRESS **690 PONCE DE LEON DR**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33715**

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03/20/06-80052-009 150.00

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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: Karen Wedner Sleszynski **KAREN WEDNER SLESZYNSKI** 3/6/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # (727) 866-1679