2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# P94000017012

Entity Name: GATOR TOWER MANAGEMENT, INC.

Current Principal Place of Business:

4397 COUNTY ROAD 59
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

4397 VETERANS MEMORIAL DRIVE
TALLAHASSEE, FL 32309 US

Current Mailing Address:

PO BOX 65
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-3227339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMB, MARION D
217 PINEWOOD DR
TALLAHASSEE, FL 32303 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: NEWTON, WILLIAM E
Address: 5132 CENTENNIAL OAKS CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete
Name: NEWTON, SYBIL C
Address: 5132 CENTENNIAL OAKS CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: P ( ) Delete
Name: NEWTON, TIMOTHY E
Address: 4397 CO RD 59
City-St-Zip: TALLAHASSEE, FL 32308

Title: T (X) Delete
Name: NEWTON, WILLIAM P
Address: 2904 WHRILAWAY TRAIL
City-St-Zip: TALLAHASSEE, FL 32308

Title: D (X) Delete
Name: NEWTON, WILLIAM E
Address: 5132 CENTENNIAL OAKS CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NEWTON, TIMOTHY E
Address: 4397 VETERANS MEMORIAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP (X) Change ( ) Addition
Name: NEWTON, WILLIAM P
Address: 27 HAMPTON LANE
City-St-Zip: CARTERSVILLE, GA 30120

Title: S (X) Change ( ) Addition
Name: NEWTON, SYBIL C
Address: 5132 CENTENNIAL OAK CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: TIMOTHY E. NEWTON P 03/25/2008

Electronic Signature of Signing Officer or Director Date