

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000064777

1. Entity Name  
GATOR CITY FUELS, INC.



FILED

05 APR 15 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4315 PABLO OAKS CT  
SUITE 2  
JACKSONVILLE, FL 32224

Mailing Address  
4315 PABLO OAKS CT  
SUITE 2  
JACKSONVILLE, FL 32224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072005 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3274404

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH HULSEY & BUSEY  
225 WATER ST.  
SUITE 1800  
JACKSONVILLE, FL 32202

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**

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BERGMANN, THOMAS C  
STREET ADDRESS 4315 PABLO OAKS CT. SUITE 2  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE DC ☐ Delete  
NAME STOKES, E. CHESTER JR.  
STREET ADDRESS 4315 PABLO OAKS CT. SUITE 2  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE VT ☒ Delete  
NAME SMITH, RONALD E  
STREET ADDRESS 4315 PABLO OAKS CT. SUITE 2  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE V ☐ Delete  
NAME BARNHOUSE, CRAIG A  
STREET ADDRESS 4315 PABLO OAKS CT. SUITE 2  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE S ☐ Delete  
NAME HICE, SHERRY  
STREET ADDRESS 4315 PABLO OAKS CT. SUITE 2  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Addition  
NAME 000051639880  
STREET ADDRESS 04/22/05--01044--002 \*\*900.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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 *Craig A. Barnhouse*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/05  
Date

904-482-1200  
Daytime Phone #