

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000091658

1. Entity Name
GATOR COURT CONSTRUCTION, INC.



Principal Place of Business
**8298 KETCH CT.
HOBE SOUND, FL 33455 US**

Mailing Address
**100 E LINTON BLVD
STE 151A
DELRAY BEACH, FL 33483 US**



07112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0554786

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARRY TAYLOR & ASSOCIATES P A
900 E INDIANTOWN RD
STE 300
JUPITER, FL 33477**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, GREGORY S
100 E. LINTON BLVD., #151A
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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000000572378
07/27/06-80003-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT MILLER 7/17/06 561.272.3643

Date

Daytime Phone #