

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90142 048 ***150.00

DOCUMENT # P95000084548

1. Entity Name
GATORAMA, INC.



Principal Place of Business
**6180 US HWY 27
PALMDALE, FL 33944**

Mailing Address
**POST OFFICE BOX 248
PALMDALE, FL 33944**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0622885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THIELEN, DAVID
U. S. 27 SOUTH
PALMDALE, FL 33944**

7. Name and Address of New Registered Agent

Name **JAMES ALLEN REGISTER**

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

6180 US HWY 27

City **PALMDALE**

FL

Zip Code **33944**

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

JAMES ALLEN REGISTER

4-12-06

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, 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 **D** ☒ Delete
NAME **THIELEN, DAVID**
STREET ADDRESS **POST OFFICE BOX 248 N/A**
CITY- ST- ZIP **PALMDALE, FL 33944**

TITLE **PT** ☐ Delete
NAME **REGISTER, JAMES A**
STREET ADDRESS **U.S. HWY 27**
CITY- ST- ZIP **PALMDALE, FL 33944**

TITLE **S** ☐ Delete
NAME **REGISTER, PATRICIA T**
STREET ADDRESS **US HWY 27**
CITY- ST- ZIP **PALMDALE, FL 33944**

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, NAME, STREET ADDRESS, CITY- ST- ZIP ☐ Change ☐ Addition

TITLE, NAME, STREET ADDRESS, CITY- ST- ZIP ☐ Change ☐ Addition

TITLE, NAME, STREET ADDRESS, CITY- ST- ZIP ☐ Change ☐ Addition

TITLE, NAME, STREET ADDRESS, CITY- ST- ZIP ☐ Change ☐ Addition

TITLE, NAME, STREET ADDRESS, CITY- ST- ZIP ☐ Change ☐ Addition

TITLE, NAME, STREET ADDRESS, CITY- ST- ZIP ☐ Change ☐ Addition

TITLE, NAME, STREET ADDRESS, CITY- ST- ZIP ☐ Change ☐ Addition

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:

Patricia J Register

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-06

8036750623