

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90021 004 ***150.00

DOCUMENT # P96000098571

1. Entity Name

GATOR STORAGE, INC.



Principal Place of Business

1114 ROOSEVELT AVE.
LEHIGH ACRES FL 33936

Mailing Address

1114 ROOSEVELT AVE.
LEHIGH ACRES FL 33936

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0712335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DILICH, KEVIN
1114 ROOSEVELT AVE.
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

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

Kevin Dilich

(NOTE: Registered Agent signature required when reinstating)

DATE

2.2.05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May E
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: CORBETT, STEVEN
STREET ADDRESS: 1114 ROOSEVELT AVE.
CITY-ST-ZIP: LEHIGH ACRES FL 33936 ☐ Delete

TITLE: VP
NAME: DILICH, KEVIN
STREET ADDRESS: 1114 ROOSEVELT AVE.
CITY-ST-ZIP: LEHIGH ACRES FL 33936 ☐ Delete

TITLE: *Should say Lehigh*
NAME: *Should say Lehigh*
STREET ADDRESS: *Should say Lehigh*
CITY-ST-ZIP: *Should say Lehigh* ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: VP
NAME: *Heather Corbett*
STREET ADDRESS: *1114 Roosevelt Ave*
CITY-ST-ZIP: *Lehigh Acres FL 33936* ☐ Change ☒ Add

TITLE: ☐ Change ☐ Add
NAME: ☐ Change ☐ Add
STREET ADDRESS: ☐ Change ☐ Add
CITY-ST-ZIP: ☐ Change ☐ Add

TITLE: ☐ Change ☐ Add
NAME: ☐ Change ☐ Add
STREET ADDRESS: ☐ Change ☐ Add
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TITLE: ☐ Change ☐ Add
NAME: ☐ Change ☐ Add
STREET ADDRESS: ☐ Change ☐ Add
CITY-ST-ZIP: ☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kevin Dilich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.3.05

239-939-2756

Date

Daytime Phone #