

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90772 001 \*\*\*300.00

**DOCUMENT # P96000102758**

1. Entity Name  
**HUNGRY GATOR, INC.**



Principal Place of Business  
**1877 OSPREY BLUFF  
ORANGE PARK, FL 32073**

Mailing Address  
**2339 LAKESHORE DR N  
ORANGE PARK, FL 32003**

**66415075**



2. Principal Place of Business  
**2339 LAKESHORE DR N**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 1101**  
Suite, Apt. #, etc.

04142004 Chg-P CR2E034 (10/03)

City & State  
**ORANGE PARK, FL**  
Zip  
**32003**  
Country  
**CLAY**

City & State  
**ORANGE PARK, FL**  
Zip  
**32067**  
Country  
**CLAY**

4. FEI Number  
**59-3422637**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**SULLIVAN, WYNN**  
**1877 OSPREY BLUFF BLVD. 2339 LAKESHORE DR N**  
**ORANGE PARK, FL 32073**  
**32003**

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

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, 2004 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PS**  
**SULLIVAN, J. WYNN**  
**2339 LAKESHORE DR N**  
**ORANGE PARK, FL 32003** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**SULLIVAN, JOSEPH H**  
**2339 LAKESHORE DR N**  
**ORANGE PARK, FL 32003** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**SULLIVAN, LOUISE**  
**2339 LAKESHORE DR N**  
**ORANGE PARK, FL 32003** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 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  
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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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplement(s) 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

Date

Daytime Phone #

*Wynn Sullivan*  
**Wynn Sullivan**

**4/21/04** **278 5498**