


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90018 009 \*\*\*150.00

<b>DOCUMENT # P97000004340</b>		
1. Entity Name <b>GATORVILLE, INC.</b>		

Principal Place of Business <b>626 US HWY ONE SUITE A VERO BEACH FL 32962</b>	Mailing Address <b>P.O. BOX 650131 VERO BEACH FL 32965</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent <b>Schieffelin SCHIEFFELBEIN, NICHOLAS R 984 CAROLINA CIRCLE S.W. VERO BEACH FL 32962</b>	
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4. FEI Number <b>65-0738162</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>

I am familiar with, and accept _____ as agent, or both, in the State of Florida.	
when reinstating) _____	DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS																																	
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>4/27/07</b> Date	Daytime Phone # _____
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*PLEASE Correct  
Spelling of  
my NAME in  
Box 6 & 10  
Schieffelin*