


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90020 017 \*\*\*158.75

|  |  |   |   |   |   |
|--|--|---|---|---|---|
| <b>DOCUMENT # P97000094813</b><br>1. Entity Name<br><b>GATOR LANDSCAPE &amp; IRRIGATION INC.</b>   |  |   |   |  |   |
| Principal Place of Business<br><b>12 TAM O' SHANTER LA<br/>BOCA RATON, FL 33431</b>  |  |   | Mailing Address<br><b>12 TAM O' SHANTER LA<br/>BOCA RATON, FL 33431</b>   |   |   |
| 2. Principal Place of Business - No P.O. Box #<br><i>Same As Above</i>   |  | 3. Mailing Address<br><i>Same As Above</i>  |   |   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |   |   |
| City & State   |  | City & State  |   |   |   |
| Zip  |  | Country   |   | Zip   |   |
| Country  |  | Country   |   | 03102008 Chg-P CR2E034 (12/06)  |   |
| 4. FEI Number<br><b>65-0887772</b>   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>BELLOFATTO, JOHN M JR<br/>12 TAM O' SHANTER LA<br/>BOCA RATON, FL 33431</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name <i>Michael Bellofatto</i><br>Street Address (P.O. Box Number is Not Acceptable)<br><i>12 Tam o' Shanter lane</i><br>City <i>Boca Raton</i> FL Zip Code <i>33431</i> |   |   |
| 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.<br>SIGNATURE <i>Michael Bellofatto</i> <i>Michael Bellofatto</i> <i>4/3/08</i><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |   |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br><b>BELLOFATTO, JR, JOHN<br/>12 TAM O' SHANTER LA<br/>BOCA RATON, FL 33431</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <i>P Michael Bellofatto<br/>12 Tam o' Shanter lane<br/>Boca Raton, Fl 33431</i>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Michael Bellofatto</i> <i>Michael Bellofatto</i> <i>4/3/08 (541)</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 408-1507</small>  |  |   |   |   |   |