2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 02, 2005 08:00 AM **DOCUMENT # P98000051673 Secretary of State** 1. Entity Name GATÓR MOWER PARTS, INC. Mailing Address Principal Place of Business __ **400 N STREET 400 N STREET** LONGWOOD, FL 32750 LONGWOOD, FL 32750 03302005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number Not Applicable 59-3518178 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent POWELL, STEPHEN T DO NOT WRITE 400 N STREET LONGWOOD, FL 32750 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \Box Added to Fees After May 1, 2005 Fee will be \$550.00 11000000284937 04/02/05-80025-1005 ISU.00 OFFICERS AND DIRECTORS 10. POWELL, STEPHEN T NAME 400 N STREET STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32750 TETT F OFFUTT, ROBERT L NAME STREET ADDRESS 400 N ST LONGWOOD, FL 32750 CITY-ST-ZIP D mr NAME POWELL, MERLE E 5121 ROCK CREEK LANE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MISSION, KS 66205 IN THIS SPACE mr POWELL, ROBERT S NAME STREET ADDRESS 1501 CANARY ST LONGWOOD, FL 32750 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address, with all other like empowered.

Stephen Tlowell 3-31-05