

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000066280	
1. Entity Name ALLIGATOR TRADING COMPANY	



Principal Place of Business 15911 LAKE IOLA ROAD DADE CITY, FL 33523	Mailing Address 15911 LAKE IOLA ROAD DADE CITY, FL 33523
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01312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3532511	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  FAGAN, JOSEPH M 15911 LAKE IOLA ROAD DADE CITY, FL 33523	
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**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	VP GREENFELDER, GLEN 36601 SAINT JOE RD DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T FAGAN, JOSEPH M JR. 20808 HINES RD LACOCHEE, FL 33537
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTER, JULIE 8627 OAKWOOD DR LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADDEN, GENE 1599 FARM RD SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAGAN, CHARLES 15923 LAKE IOLA RD DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAGAN, J.M. 15911 LAKE IOLA RD DADE CITY, FL 33523

U00000216864  
02/05/05-80069-011 150.00

U00000216864  
02/05/05-80069-012 8.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X J M Fagan J.M. FAGAN X 1/31/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #