

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000066280

FILED  
May 01, 2006  
Secretary of State

Entity Name: ALLIGATOR TRADING COMPANY

## Current Principal Place of Business:

15911 LAKE IOLA ROAD  
DADE CITY, FL 33523

## New Principal Place of Business:

## Current Mailing Address:

15911 LAKE IOLA ROAD  
DADE CITY, FL 33523

## New Mailing Address:

FEI Number: 59-3532511      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FAGAN, JOSEPH M  
15911 LAKE IOLA ROAD  
DADE CITY, FL 33523      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP      ( ) Delete  
Name: GREENFELDER, GLEN  
Address: 36601 SAINT JOE RD  
City-St-Zip: DADE CITY, FL 33525

Title: S/T      ( ) Delete  
Name: FAGAN, JOSEPH M JR.  
Address: 20808 HINES RD  
City-St-Zip: LACOOCHEE, FL 33537

Title: D      ( ) Delete  
Name: HARTER, JULIE  
Address: 8627 OAKWOOD DR  
City-St-Zip: LAKELAND, FL 33809

Title: D      ( ) Delete  
Name: HADDEN, GENE  
Address: 1599 FARM RD  
City-St-Zip: SEBRING, FL 33870

Title: D      ( ) Delete  
Name: FAGAN, CHARLES  
Address: 15923 LAKE IOLA RD  
City-St-Zip: DADE CITY, FL 33523

Title: P      ( ) Delete  
Name: FAGAN, J.M.  
Address: 15911 LAKE IOLA RD  
City-St-Zip: DADE CITY, FL 33523

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD      (X) Change ( ) Addition  
Name: FAGAN, JOSEPH M SR  
Address: 15911 LAKE IOLA RD  
City-St-Zip: DADE CITY, FL 33523

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH M. FAGAN, SR

PD

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date