2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# P98000066280

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

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:	PD	( ) Delete
Name:	FAGAN, JOSEPH M SR	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 PD 05/06/2008

Electronic Signature of Signing Officer or Director — Date