2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000091347

Entity Name: GATOR TAIL LANDSCAPE CURBING, INC.

FILED Apr 14, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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8709 MAPLE POND CT 1618 AFRICAN VIOLET CT TRINITY, FL 34655 TRINITY, FL 34655

Current Mailing Address: New Mailing Address:

8709 MAPLE POND CT TRINITY, FL 34655 1618 AFRICAN VIOLET CT TRINITY, FL 34655

FEI Number: 59-3542911 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NACCARATO, VIC L

8709 MAPLE POND CT
TRINITY, FL 34655 US

NACCARATO, VIC L

1618 AFRICAN VIOLET CT
TRINITY, FL 34655 US

TRINITY, FL 34655 US

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: VIC NACCARATO 04/14/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: NACCARATO, VIC Name: NACCARATO, VIC

 Name:
 NACCARATO, VIC
 Name:
 NACCARATO, VIC

 Address:
 8709 MAPLE POND CT
 Address:
 1618 AFRICAN VIOLET CT

 City-St-Zip:
 TRINITY, FL 34655
 City-St-Zip:
 TRINITY, FL 34655

Title: V () Delete Title: V (X) Change () Addition Name: NACCARMTO, JUSTIN Name: NACCARATO, JUSTIN

 Name:
 NACCARMTO, JUSTIN
 Name:
 NACCARATO, JUSTIN

 Address:
 7312 HIDEAWAY TR
 Address:
 7312 HIDEAWAY TR

 City-St-Zip:
 NEW PORT RICHEY, FL 34655
 City-St-Zip:
 NEW PORT RICHEY, FL 34655

Title: ST () Delete Title: () Change () Addition

 Name:
 NACCARATO, VINCE
 Name:

 Address:
 7604 WHIPER WOODS CT
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL 34655
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VIC NACCARATO P 04/14/2005