


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90418 047 ***150.00

DOCUMENT # P99000005105

1. Entity Name
GATOR REALTY, INC.



Principal Place of Business
**C/O BAYSHORE LAND GROUP INC
 255 ALHAMBRA CIRCLE STE 325
 CORAL GABLES, FL 33134**

Mailing Address
**C/O BAYSHORE LAND GROUP INC
 255 ALHAMBRA CIRCLE STE 325
 CORAL GABLES, FL 33134**

94063734



DO NOT WRITE IN THIS SPACE

02032004 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0896850 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**MACNAIR, CHRISTOPHER J
 C/O BAYSHORE LAND GROUP INC
 255 ALHAMBRA CIRCLE STE 325
 CORAL GABLES, FL 33134**

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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: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------|
| TITLE | D |
| NAME | MACNAIR, CHRISTOPHER J |
| STREET ADDRESS | 255 ALHAMBRA CIRCLE STE 325 |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Christopher J. MacNair* **Christopher J. MacNair, Pres.** **4/18/04** **305-445-6161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #