


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90098 008 ***150.00

DOCUMENT # P99000033542 1. Entity Name HUNGRY GATOR OF DUVAL COUNTY, INC.					
Principal Place of Business 4500 SALSURY RD SUITE 185 JACKSONVILLE FL 32216			Mailing Address PO BOX 1101 ORANGE PARK FL 32067		
2. Principal Place of Business 4500 Salsbury Rd.		3. Mailing Address 			
Suite, Apt. #, etc. Suite 185		Suite, Apt. #, etc. 			
City & State JACKSONVILLE, FL		City & State 		4. FEI Number 59-3583002	
Zip 32216		Country DUVAL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SULLIVAN, J W 2339 LAKESHORE DR. N. ORANGE PARK FL 32003				7. Name and Address of New Registered Agent Name LOUISE C. SULLIVAN Street Address (P.O. Box Number is Not Acceptable) 2034 Foxwood Dr. City ORANGE PARK FL Zip Code 32073	
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 <u><i>Louise C. Sullivan</i></u> <u><i>LOUISE C. SULLIVAN</i></u> <u><i>4-20-05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME SULLIVAN, J. WYNN		TITLE PRESIDENT	NAME Joseph H. Sullivan	
STREET ADDRESS 2339 LAKESHORE DR N	CITY-ST-ZIP ORANGE PARK FL 32003		STREET ADDRESS 2034 Foxwood Dr.	CITY-ST-ZIP ORANGE PARK, FL 32073	
TITLE PRESIDENT	NAME JOSEPH H. SULLIVAN		CITY-ST-ZIP ORANGE PARK, FL 32073		
STREET ADDRESS 2034 FOXWOOD DR	CITY-ST-ZIP ORANGE PARK, FL 32073				
TITLE SEC. TREAS	NAME LOUISE C SULLIVAN				
STREET ADDRESS 2034 FOXWOOD DR	CITY-ST-ZIP ORANGE PARK, FL 32073				
TITLE 	NAME 				
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME 				
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME 				
STREET ADDRESS 	CITY-ST-ZIP 				
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: <u><i>Louise C. Sullivan</i></u> <u><i>LOUISE C. SULLIVAN</i></u> <u><i>4-20-05</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u><i>904-296-2959</i></u> <small>Daytime Phone #</small>	