## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 08, 2006 8:00 am Secretary of State DOCUMENT # P99000040346 03-08-2006 90192 041 \*\*\*150 00 Entity Name GATOR VINYL, INC. Principal Place of Business Mailing Address 50001634 85279 ASHLEY AVE. YULEE FL 32097 PO BOX 65220 ORANGE PARK FL 32065 2. Principal Place of Business 3. Mailing Address 1311 Independence dr. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For Florida Orange Park 59-3599287 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32065 clay Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREENE, GERRY Street Address (P.O. Box Number is Not Acceptable) 1311 INDEPENDENCE DR ORANGE PARK FL 32065 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME GREENE, GERRY NAME STREET ADDRESS STREET ADDRESS 1311 INDEPENDENCE DR CITY-ST-ZIP **ORANGE PARK FL 32065** CITY-ST-ZIP TITLE ☐ Defete ☐ Addition wentworth, mark 3547 Plum st. WENTWORTH, MARK STREET ADDRESS 1712 HAWKINS COVE DR W. STREET ADDRESS Jackson ville FL. 32205 CITY-ST-ZIP JACKSONVILLE FL 32246 CITY-ST-ZIP DV Cantrette, Todd TITLE Delete TITLE \_ Addition NAME CARTRETTE, TODD NAME 45 0279 SR-200 STREET ADDRESS STREET ADDRESS 85279 ASHLEY AVE. CITY-ST-ZIP CITY-ST-ZIP Callahan, Florida 32011 YULEE FL 32097 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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. GOFFICER OR DIRECTOR Date 904 276-0965

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