


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000053944

1. Entity Name
GATOR WATER ANALYSIS & TREATMENT, INC.



Principal Place of Business
**12500 TAMiami TRAIL, SOUTH
WARM MINERAL SPRINGS, FL 34287**

Mailing Address
**12500 TAMiami TRAIL, SOUTH
WARM MINERAL SPRINGS, FL 34287**



DO NOT WRITE IN THIS SPACE

01032006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0933808

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**PERRY, CLARE
12500 TAMiami TRAIL, SOUTH
WARM MINERAL SPRINGS, FL 34287**

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IN THIS SPACE**

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: *Clara J Perry - President* DATE: **1-4-06**

Signature of individual or legal representative of applicable (NOTE: Registered Agent's signature required when re-instating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	D PERRY, JOHN 8222 ROCKWELL AVENUE NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY ST ZIP	D PERRY, CLARE 8222 ROCKWELL AVENUE NORTH PORT, FL 34286
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Clara J Perry* DATE: **1-4-06** **941-423-6909**

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