


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 06, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P99000065376 1. Entity Name R. J. GATORS OF PORT ST. LUCIE, INC. |  |
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| Principal Place of Business 609 N HEPBURN AVE STE 103 JUPITER, FL 33469 | Mailing Address 609 N HEPBURN AVE STE 103 JUPITER, FL 33469 |
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DO NOT WRITE IN THIS SPACE



07022004 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 65-0980679 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent TIMOTEO, REGINALD L 609 N HEPBURN AVE STE 103 JUPITER, FL 33469 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|---|---|
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P TIMETEO, REGINALD 6109 FOUNTAIN PALM DR. JUPITER, FL 33468 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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08/06/04-80004-003 150.00

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IN THIS SPACE**

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 recorder 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:  **7/30/04 561 5750326**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #