


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S22641**

1. Entity Name  
**A-AL-GATOR, INC.**



Principal Place of Business <b>17 W ST RD 84          P.O. BOX 22856          FT LAUDERDALE, FL 33315 US</b>	Mailing Address <b>2664 PALM ER PALCE          ATTN: MARIA BOYLE          FT LADUERDALE, FL 33332 US</b>
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**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0233503</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BURGUN-BOYLE, MARIA  
 2664 PALMER PLACE  
 WESTON, FL 33332**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (hand-drawn or printed name of registered agent and the date) (NOTE: Registered Agent's signature in printed name of registered agent)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$350.00**

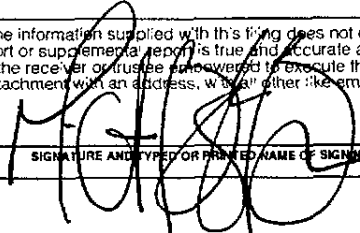
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>P BOYLE-BURGUN, MARIA A 2664 PALMER PL FT LAUDERDALE, FL</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>V BURGUN, JOHN 2664 PALMER PL. FT LAUDERDALE, FL</b>
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 05/05/04-80067-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, when either is empowered.

**SIGNATURE:**  **Maria Boyle-Burgun** **5/1/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day of the Month