


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 216650 1. Entity Name JOTTERAND CORP.	
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Principal Place of Business 203 CATTLEMEN ROAD P. O. BOX 1887 (34230) SARASOTA, FL 34232	Mailing Address 203 CATTLEMEN ROAD P. O. BOX 1887 (34230) SARASOTA, FL 34232
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JOTTERAND, ROLAND P 620 BEACH RD SARASOTA, FL 34242	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000120567 04/20/04-80016-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JOTTERAND, ODETTE M 620 BEACH RD SARASOTA, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JOTTERAND, ROLAND P 620 BEACH RD SARASOTA, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
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)(f), 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 persons empowered

SIGNATURE: 	Date: 04/15/04	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		