2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 553080

1. Entity Name
BOTTORF & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6729 EDGEWATER COMMERCE PARKWAY ORLANDO, FL 32810-1278	6729 EDGEWATER COMMERCE PARKWAY ORLANDO, FL 32810-1278

DO NOT WRITE IN THIS SPACE

01032005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-1831946	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

BOTTORF, KENT D.
6729 EDGEWATER COMMERCE PARKWAY
ORLANDO, FL 32810-1278

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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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	||Ⅲ00000320424 04/21/05-80035-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOTTORF, KENT D.
STREET ADDRESS	6729 EDGEWATER COMMERCE
CITY-ST-ZIP	ORLANDO, FL

TITLE	D
NAME	BAUMAN, DOUGLAS W
STREET ADDRESS	5305 PINEVIEW WAY
CITY-ST-ZIP	APOPKA, FL 32703

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____   4/10/05   407 298-0846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #