

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 627487

1. Entity Name
MOTT & ASSOCIATES, INC.



Principal Place of Business
**% 415 32 STREET WEST
BRADENTON, FL 34205**

Mailing Address
**% 415 32 STREET WEST
BRADENTON, FL 34205**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-1916973** { Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MOTT, BARBARA A
415 32 STREET WEST
BRADENTON, FL 34205**

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11000000410473
02/09/06-80037-017 150.00

10. OFFICERS AND DIRECTORS

TITLE: VSD
NAME: MOTT, BARBARA ANN
STREET ADDRESS: 7503 16TH AVE NW
CITY-STATE-ZIP: BRADENTON, FL 00000,

TITLE: PTD
NAME: MOTT, J MICHAEL
STREET ADDRESS: 7503 16TH AVE NW
CITY-STATE-ZIP: BRADENTON, FL 00000,

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

**DO NOT WRITE
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: *Barbara A. Mott*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/06 *941-746-3211*
Date Daytime Phone #