

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000004944**

1. Entity Name

BOND & BOTES OF ORLANDO, P.C.



Principal Place of Business

135 W. CENTRAL BLVD, SUITE 310  
ORLANDO FL 32801

Mailing Address

135 W. CENTRAL BLVD, SUITE 310  
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1701018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWAY, DOUGLAS W  
135 W. CENTRAL BLVD, SUITE 310  
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete  
NAME BOTES, BRADFORD W  
STREET ADDRESS 4017 KINROSS LANE  
CITY-ST-ZIP BIRMINGHAM AL 35242

TITLE VCVS ☐ Delete  
NAME BOND, MARK W  
STREET ADDRESS 600 UNIVERSITY PARK PLACE, SUITE 310  
CITY-ST-ZIP BIRMINGHAM AL 35209

TITLE D ☐ Delete  
NAME CARLSON, J. SUZANNE  
STREET ADDRESS 600 UNIVERSITY PARK PLACE, SUITE 310  
CITY-ST-ZIP BIRMINGHAM AL 35209

TITLE D ☐ Delete  
NAME SYKSTUS, RONALD C  
STREET ADDRESS 415 CHURCH ST SUITE 100  
CITY-ST-ZIP HUNTSVILLE AL 35801

TITLE D ☐ Delete  
NAME WETZEL, MELISSA W  
STREET ADDRESS 851 SOUTH BELTLINE HWY SUITE 910  
CITY-ST-ZIP MOBILE AL 36606

TITLE DT ☐ Delete  
NAME NEWAY, DOUGLAS W  
STREET ADDRESS 135 W. CENTRAL BLVD, SUITE 310  
CITY-ST-ZIP ORLANDO FL 32801

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
UN0000069839  
03/01/04-80025-002 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/04 407-999-2142