

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K35327

FILED
Jan 04, 2005
Secretary of State

Entity Name: JIM BOTTS DESIGN TEAM, INC.

Current Principal Place of Business:

2401 4TH STREET, NORTH
ST. PETERSBURG, FL 33704 US

New Principal Place of Business:

Current Mailing Address:

C/O G.B. WILKINSON, ESQUIRE
696 FIRST AVENUE NORTH SUITE 201
ST. PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 59-2910230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILKINSON, G. BARRY ESQ.
696 FIRST AVENUE NORTH
SUITE 201
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: BOTTS, JAMES R.,
Address: 2401 4TH ST NORTH
City-St-Zip: ST PETERSBURG, FL 33704

Title: D () Delete
Name: BOTTS, JAMES, R,
Address: 2401 4TH ST NORTH
City-St-Zip: ST PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G. BARRY WILKINSON

RA

01/04/2005

Electronic Signature of Signing Officer or Director

_____ Date