2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # L90027 1. Entity Name 04-25-2005 90239 008 ***150.00 POTTS FINANCIAL CORPORATION Principal Place of Business Mailing Address 5 WEST HIGHBANKS ROAD 5 WEST HIGHBANKS ROAD DEBARY FL 32713 20044093 DEBARY FL 32713 2. Principal Place of Business 3. Mailing Address 2149 HONTOON ROAD 2149 HONTOON ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-0210143 DELAND DELAND Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROY V- POTIS POTTS, ROY V. 5 WEST HIGHBANKS ROAD Street Address (P.O. Box Number is Not Acceptable) DEBARY FL 32713 2149 HON TOON DELAND 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Change ☐ Addition POTTS, ROY V. POTTS, ROY V. MAME 2149 HONTOON ROAD STREET ADDRESS 5 WEST HIGHBANKS ROAD STREET ADDRESS CITY-ST-7IP DEBARY FL 32713 CITY-ST-ZIP DELAND FL 32720 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ROY V. POTTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #