
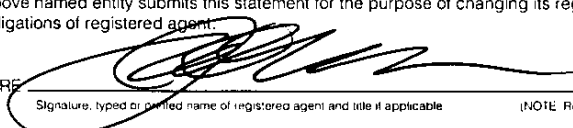
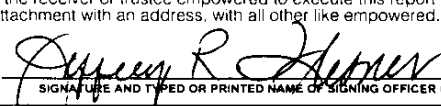


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90066 022 ****61.25

DOCUMENT # N06000011907					
1. Entity Name BOTA PROJECT, INC.					
Principal Place of Business 12670 NEW BRITTANY BLVD SUITE 101 FORT MYERS, FL 33907			Mailing Address 12670 NEW BRITTANY BLVD SUITE 101 FORT MYERS, FL 33907		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 40 JOHN M. WICKER, P.A. P.O. DRAWER 60205			
City & State		City & State FORT MYERS, FL 33906			
Zip	Country	Zip	Country	4. FEI Number 20-5898210	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD SUITE 101 FORT MYERS, FL 33907				Name Street JOHN M. WICKER, P.A. 12670 NEW BRITTANY BLVD., STE 101 City FORT MYERS, FL 33907 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					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILTON, ANTHONY III	NAME			
STREET ADDRESS	36 ROCK GLEN ROAD	STREET ADDRESS			
CITY-ST-ZIP	HAVRE DE GRACE, MD 21078	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POTTER, JOEY	NAME			
STREET ADDRESS	105 JOHNS POINT	STREET ADDRESS			
CITY-ST-ZIP	FAYETTEVILLE, GA 30215	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLESNER, JEFFREY ROBERT	NAME			
STREET ADDRESS	1524 PINECREST RD	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LINDVAL, JOHN	NAME			
STREET ADDRESS	1445 ROCKHOUSE RD	STREET ADDRESS			
CITY-ST-ZIP	SENOIA, GA 30276	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WATKINS, MICHAEL DEAN	NAME			
STREET ADDRESS	330 FIREHOUSE LANE	STREET ADDRESS			
CITY-ST-ZIP	GAITHERSBURG, MD 20878	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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 617, 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: 		03-24-2008		239-410-6606	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	