



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90017 018 \*\*\*150.00

<b>DOCUMENT # P00000001596</b> 1. Entity Name <b>TRADER TOM INVESTMENTS, INC.</b>					
Principal Place of Business <b>9210 N. US HWY 301 WILDWOOD, FL 34785</b>				Mailing Address <b>9210 N. US HWY 301 WILDWOOD, FL 34785</b>	
2. Principal Place of Business <b>17526 SE 97th AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>17526 SE 97th AVE</b> Suite, Apt. #, etc.			
City & State <b>Summerfield FL</b>		City & State <b>Summerfield FL</b>		4. FEI Number <b>59-3618034</b>	
Zip <b>34491</b>		Country <b>Marion</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DOTSON, THOMAS E 9210 N. US HWY 301 WILDWOOD, FL 34785</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>17526 SE 97th AVE</b> City <b>Summerfield</b> <b>FL</b> Zip Code <b>34491</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOTSON, THOMAS E 9210 N. US HWY 301 WILDWOOD, FL 34785	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>17526 SE 97th AVE Summerfield FL 34491</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOTSON, PATRICIA J 9210 N. US HWY 301 WILDWOOD, FL 34785	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>17526 SE 97th AVE Summerfield FL 34491</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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.					
<b>SIGNATURE: Patricia J. Dotson Patricia J. Dotson 4/5/05 352-307-9876</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					