

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90066 034 ***150.00

DOCUMENT # P00000065474

1. Entity Name
JOE LOTT, INC.



Principal Place of Business
**62 RANCH HOUSE RD.
 VENUS FL 33960**

Mailing Address
**62 RANCH HOUSE RD.
 VENUS FL 33960**

40014063



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **65-1024250** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NIELANDER, WILLIAM D J
 172 E.INTERLAKE BLVD.
 LAKE PLACID FL 33852**

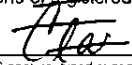
7. Name and Address of New Registered Agent

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  DATE

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
After May 1, 2005 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	D	<input type="checkbox"/> Delete
NAME	LOTT, JOSEPH W	
STREET ADDRESS	62 RANCH HOUSE RD.	
CITY-ST-ZIP	VENUS FL 33960	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOTT, CLARICE S	
STREET ADDRESS	62 RANCH HOUSE RD.	
CITY-ST-ZIP	VENUS FL 33960	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOTT, JOSEPH A	
STREET ADDRESS	62 RANCH HOUSE RD.	
CITY-ST-ZIP	VENUS FL 33960	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOTT, TYLER W	
STREET ADDRESS	62 RANCH HOUSE RD.	
CITY-ST-ZIP	VENUS FL 33960	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/29/05 863-465-1205

Date Daytime Phone #