

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P0000065474

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number 65-1024250

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIELANDER, WILLIAMD J  
 172 E.INTERLAKE BLVD.  
 LAKE PLACID FL 33852

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000623113	
CITY - ST - ZIP	02/13/07-80052-020 150.00	
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 exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signaturo 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: *Clarice S Lott* Clarice S LOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07 863-465-1205

Date

Daytime Phone