


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90106 029 \*\*\*150.00

<b>DOCUMENT # P01000113747</b>	
1. Entity Name <b>GOTCHA CORPORATION</b>	

Principal Place of Business <b>16140 KELLY COVE DR. FT. MYERS, FL 33908</b>	Mailing Address <b>BOX 27115 EL JOBEAN, FL 33927</b>
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2. Principal Place of Business <b>14375 PAMBAR AVE</b>	3. Mailing Address <b>P.O. Box 27115</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Port Charlotte, FL</b>	City & State
Zip <b>33953</b>	Country <b>USA</b>

03102005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1158164</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>NOLAN, PAUL F 11595 KELLY ROAD FORT MYERS, FL 33908</b>	
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7. Name and Address of New Registered Agent	
Name <b>Judy Jirout</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>14578 River Beach Dr</b>	
<b>Apt 310</b>	
City <b>Port Charlotte</b>	FL Zip Code <b>33953</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 *Judy Jirout* **Judy Jirout** 3-10-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CAMOSSE, HENRY J 16140 KELLY COVE DR. FT. MYERS, FL 33908</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Judy Jirout 14578 River Beach Dr # 310 Port Charlotte FL 33953</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Judy Jirout* **Judy Jirout** 3/10/05 941-624-4757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #