


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-07-2005 90001 013 ***550.00

DOCUMENT # P02000042574					
1. Entity Name BOTTOMLY MORTGAGES, INC.					
Principal Place of Business 985 HYDE PARK CIR. WINTER GARDEN FL 34787			Mailing Address 985 HYDE PARK CIR. WINTER GARDEN FL 34787		
2. Principal Place of Business <i>Winter Garden</i>			3. Mailing Address <i>985 Hyde Park Circle</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Winter Garden</i>		City & State <i>FL</i>		4. FEI Number 52-2375163 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <i>34787</i>	Country <i>Orange</i>	Zip <i>34787</i>	Country <i>Orange</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOTTOMLY, AILEEN 985 HYDE PARK CIR. WINTER GARDEN FL 34787				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 <i>Aileen M. Bottomly</i> AILEEN M. BOTTOMLY <i>7/23/05</i> <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE					
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 \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTOMLY, AILEEN			NAME	
STREET ADDRESS	985 HYDE PARK CIR.			STREET ADDRESS	
CITY- ST- ZIP	WINTER GARDEN FL 34787			CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTOMLY, WILLIAM C			NAME	
STREET ADDRESS	63272 ORANGE RD			STREET ADDRESS	
CITY- ST- ZIP	MONTROSE CO 81401			CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTWELL, VICKIE S			NAME	
STREET ADDRESS	8414 SW RIVERSIDE DR			STREET ADDRESS	
CITY- ST- ZIP	ARCADIA FL 34266			CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTOMLY, MARK			NAME	
STREET ADDRESS	21919 NE 224 ST			STREET ADDRESS	
CITY- ST- ZIP	BATTLEGROUND WA 98604			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 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: <i>Aileen M. Bottomly</i> AILEEN M. BOTTOMLY <i>7/23/05</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<i>407-877-9008</i> <small>Daytime Phone #</small>	