

**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  
 BOTTOMOLLY MORTGAGES, INC.



Principal Place of Business Mailing Address  
 985 HYDE PARK CIR. 985 HYDE PARK CIR.  
 WINTER GARDEN FL 34787 WINTER GARDEN FL 34787

2. Principal Place of Business 3. Mailing Address  
*Winter Garden 985 Hyde Park Circle*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
*Winter Garden Fla.*

Zip Country Zip Country  
*34787 Orange 34787 Orange*

4. FEI Number 52-2375163 Applied For Not Applicable

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

1st MOORE CR2E034 (10/04)



6. Name and Address of Current Registered Agent  
 -- BOTTOMOLLY, 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 *Aileen M. Bottomly* AILEEN M. BOTTOMOLLY 7/23/05  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering) 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 Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BOTTOMOLLY, AILEEN	
STREET ADDRESS	985 HYDE PARK CIR.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOTTOMOLLY, WILLIAM C	
STREET ADDRESS	63272 ORANGE RD	
CITY-ST-ZIP	MONTROSE CO 81401	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTWELL, VICKIE S	
STREET ADDRESS	8414 SW RIVERSIDE DR	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOTTOMOLLY, MARK	
STREET ADDRESS	21919 NE 224 ST	
CITY-ST-ZIP	BATTLEGROUND WA 98604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Aileen M. Bottomly* AILEEN M. BOTTOMOLLY 7/23/05 407-877-9008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #