

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90081 044 ***150.00

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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**

60008631



01192007 Chg-P CR2E034 (12/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
52-2375163

Applied For
Not Applicable

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

**BOTTOMLY, AILEEN
985 HYDE PARK CIR.
WINTER GARDEN, FL 34787**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BOTTOMLY, AILEEN**
STREET ADDRESS **985 HYDE PARK CIR.**
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE **D** ☐ Delete
NAME **BOTTOMLY, WILLIAM C**
STREET ADDRESS **63272 ORANGE RD**
CITY-ST-ZIP **MONTROSE, CO 81401**

TITLE **D** ☐ Delete
NAME **BUTWELL, VICKIE S**
STREET ADDRESS **8414 SW RIVERSIDE DR**
CITY-ST-ZIP **ARCADIA, FL 34266**

TITLE **D** ☐ Delete
NAME **BOTTOMLY, MARK**
STREET ADDRESS **21919 NE 224 ST**
CITY-ST-ZIP **BATTLGROUND, WA 98604**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07
Date

402-827-9008
Daytime Phone #