2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000028522

Entity Name: BOTT-ANDERSON PARTNERS, INC.

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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135 PROFESSIONAL DRIVE 1548 THE GREENS WAY, SUITE

STE 106 SUITE 1

PONTE VEDRA, FL 32082 JACKSONVILLE, FL 32250

Current Mailing Address: New Mailing Address:

135 PROFESSIONAL DRIVE 1548 THE GREENS WAY, SUITE STE 106 SUITE 1

STE 106 SUITE 1
PONTE VEDRA, FL 32082 SUITE 1
JACKSO

JACKSONVILLE, FL 32250

FEI Number: 56-2325169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOTT, GERALD F
135 PROFESSIONAL DRIVE
BOTT, GERALD F
1548 THE GREENS WAY

SUITE 106 1548 THE GREENS WAY

PONTE VEDRA, FL 32082 US JACKSONVILLE, FL 32250 US

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.

SIGNATURE: GERALD F. BOTT 01/26/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: BOTT, GERALD F Name: BOTT, GERALD F

Address: 135 PROFESSIONAL DRIVE STE 106 Address: 1548 THE GREENS WAY, SUITE 1
City-St-Zip: PONTE VEDRA, FL 32082 City-St-Zip: JACKSONVILLE, FL 32250

Title: D () Delete Title: D (X) Change () Addition

Name: ANDERSON, JOHN K JR. Name: ANDERSON, JOHN K JR.

Address: 135 PROFESSIONAL DRIVE STE 106 Address: 1548 THE GREENS WAY, SUITE 1
City-St-Zip: PONTE VEDRA, FL 32082 City-St-Zip: JACKSONVILLE, FL 32250

Name: ZILKOWSKI, DAVID Name: ANDERSON, TIMOTHY J

Address: 135 PROFESSIONAL DRIVE STE 106 Address: 1548 THE GREENS WAY, SUITE 1
City-St-Zip: PONTE VEDRA, FL 32082 City-St-Zip: JACKSONVILLE, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD F. BOTT D 01/26/2009