

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047364

Entity Name: POTENTIALLY YOURS, INC.

FILED
May 06, 2005
Secretary of State

Current Principal Place of Business:

202 S. MAGMOLIA AVE
SUITE, 5
OCALA, FL 34474

New Principal Place of Business:

3940 N. U.S. HWY 441
OCALA, FL 34475

Current Mailing Address:

5497 NW 53RD ST
OCALA, FL 34482

New Mailing Address:

3940 N. U.S. HWY 441
OCALA, FL 34475

FEI Number: 20-0010712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOFTON, FREDDIE H SR.
5497 NW 53RD ST
OCALA, FL 34482 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: LOFTON, RUTH A MRS.
Address: 5497 NW 53RD ST
City-St-Zip: OCALA, FL 34482 US

Title: DVP () Delete
Name: LOFTON, FREDDIE H SR.
Address: 5497 NW 53RD ST
City-St-Zip: OCALA, FL 34482 US

Title: D () Delete
Name: LOFTON, FREDDIE H II
Address: 5497 NW 53RD ST
City-St-Zip: OCALA, FL 34482 US

Title: D/T () Delete
Name: LOFTON, AERIN J MR.
Address: 5497 NW 53RD ST
City-St-Zip: OCALA, FL 34482 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D/S (X) Change () Addition
Name: LOFTON, FREDDIE H II
Address: 5497 NW 53RD ST
City-St-Zip: OCALA, FL 34482 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FREDDIE H. LOFTON, SR

VP

05/06/2005

Electronic Signature of Signing Officer or Director

Date