

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078046

FILED  
Apr 18, 2007  
Secretary of State

**Entity Name:** BITTERROOT COURT REPORTING INCORPORATED

**Current Principal Place of Business:**

2151 ANCHOR AVENUE  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

2151 ANCHOR AVENUE  
DELAND, FL 32720

**New Mailing Address:**

FEI Number: 20-0091000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BULLIS, JEANNE M  
2151 ANCHOR AVENUE  
DELAND, FL 32720 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BULLIS, JEANNE M  
Address: 2151 ANCHOR AVENUE  
City-St-Zip: DELAND, FL 32720

Title: VP ( ) Delete  
Name: NOLAN, PHILIP P  
Address: 2151 ANCHOR AVENUE  
City-St-Zip: DELAND, FL 32720

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: JEANNE BULLIS

PRES

04/18/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date