

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90100 008 ***150.00

DOCUMENT # P03000133303					
1. Entity Name TERRY POTTS, INC.					
Principal Place of Business 10873 SADDLEHORN DRIVE JACKSONVILLE, FL 32257			Mailing Address 10873 SADDLEHORN DRIVE JACKSONVILLE, FL 32257		
2. Principal Place of Business			3. Mailing Address 4401 Comanche Tr Blvd		
Suite, Apt. #, etc. 4401 Comanche Tr Blvd			Suite, Apt. #, etc. 4401 Comanche Tr Blvd		
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 73-1686720	
Zip 32259	Country US	Zip 32259	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POTTS, TERRY 10873 SADDLEHORN DRIVE JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name: Terry Potts Street Address (P.O. Box Number is Not Acceptable): 4401 Comanche Tr Blvd. City: Jacksonville FL Zip Code: 32259	
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: <u>Terry Potts</u> (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD POTTS, TERRY 10873 SADDLEHORN DRIVE JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4401 Comanche Tr. Blvd. Jacksonville FL. 32259	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POTTS, DAVID 10873 SADDLEHORN DRIVE JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4401 Comanche Tr Blvd. Jacksonville FL. 32259	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Terry Potts</u>			3-29-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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