

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000133303

1. Entity Name
TERRY POTTS, INC.



Principal Place of Business
4401 COMANCHE TR BLVD
JACKSONVILLE, FL 3225P

Mailing Address
4401 COMANCHE TR BLVD
JACKSONVILLE, FL 3225P

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
73-1686720

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
POTTS, TERRY
4401 COMANCHE TR BLVD
JACKSONVILLE, FL 3225P

7. Name and Address of New Registered Agent
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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME POTTS, TERRY
STREET ADDRESS 4401 COMANCHE TR BLVD
CITY-ST-ZIP JACKSONVILLE, FL 3225P

TITLE VD
NAME POTTS, DAVID
STREET ADDRESS 4401 COMANCHE TR BLVD
CITY-ST-ZIP JACKSONVILLE, FL 3225P

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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: Terry Potts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08
Date

Daytime Phone #

**FILED
Apr 30, 2008 8:00 am
Secretary of State**

04-30-2008 90185 011 ***150.00

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04152008 Chg-P CR2E034 (12/06)