

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000092008

1. Entity Name

JIM TROTTER & ASSOCIATES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -9 AM 11:24

Principal Place of Business

5119 URE VENDOME
LUTZ FL 33558

Mailing Address

5119 URE VENDOME
LUTZ FL 33558



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/08)

City & State

City & State

4. FEI Number

59-3414001

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROTTER, JIM

5119 URE VENDOME
LUTZ FL 33558

5119 RUE VENDOME
LUTZ, FL. 33558

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME TROTTER, JAMES J
STREET ADDRESS 5119 URE VENDOME
CITY-ST-ZIP LUTZ FL 33558

TITLE ☐ Change ☐ Addition
NAME 5119 RUE VENDOME
STREET ADDRESS LUTZ, FL. 33558
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME TROTTER, KIMBERLY K
STREET ADDRESS 5119 URE VENDOME
CITY-ST-ZIP LUTZ FL 33558

TITLE ☐ Change ☐ Addition
NAME SAME AS
STREET ADDRESS ABOVE
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300136780703
10/09/08--01041--009 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
B 10/13/08

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-6-08

813-600-1536