

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90046 040 ***150.00

DOCUMENT # P96000103313

1. Entity Name

BTDT INVESTMENTS, INC.



Principal Place of Business

1339 COCONUT PALM CIRCLE
PORT ORANGE FL 32128
US

Mailing Address

P.O. BOX 291038
PORT ORANGE FL 32129
US

50013951



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1648 Taylor Rd

PMB 502

Port Orange, FL

32128

USA

4. FEI Number **59-3426405**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, HARRIETTE
1339 COCONUT PALM CIRCLE
PORT ORANGE FL 32128

7. Name and Address of New Registered Agent

Name *Harriette Wilson*

Street Address (P.O. Box Number is Not Acceptable)

1648 Taylor Rd PMB 502

City *Port Orange*

FL

Zip Code *32128*

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

Harriette Wilson

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WILSON, HARRIETTE**
STREET ADDRESS **1339 COCONUT PALM CIRCLE**
CITY-ST-ZIP **PORT ORANGE FL 32128**

TITLE **VP** ☐ Delete
NAME **WILSON, EARL**
STREET ADDRESS **1339 COCONUT PALM CIRCLE**
CITY-ST-ZIP **PORT ORANGE FL 32128**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *1648 Taylor Rd*
CITY-ST-ZIP *Port Orange, FL 32128*

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CITY-ST-ZIP

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: *Harriette Wilson Harriette Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-05

Date

386-290-1113

Daytime Phone #