2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000005468

1. Entity Name
BLOTTS, INC.

Principal Place of Business	Mailing Address
5770 W. HIGHWAY 192 #424 KISSIMMEE, FL 32746 US	PO BOX 100 GOTHA, FL 34734 US

DO NOT WRITE IN THIS SPACE

01112007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3424655	Not Applicable

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

6. Name and Address of Current Registered Agent

PETERSON, ROBERT D
5770 W. HIGHWAY 192
#424
KISSIMMEE, FL 32746

DO NOT WRITE IN THIS SPACE

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 renstating)   DATE

| **FILE NOW!!! FEE IS $150.00** After May 1, 2007 Fee will be $550.00 | 9. Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	PT
NAME	PETERSON, ROBERT D
STREET ADDRESS	13124 LUNTZ POINT LANE
CITY-ST-ZIP	WINDERMERE, FL 34786

TITLE	SV
NAME	PETERSON, ROBERT D
STREET ADDRESS	13124 LUNTZ POINT LANE
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CITY-ST-ZIP	

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05/16/07-80063-022 150.00

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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: _Robert D Peterson_   President   4/18/07   407-876-8495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #