2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P9700 1. Entity Name BTCO TRUST, INC.	00065630	A LOUIS				
Principal Place of Business	Mailing Address					
507 S PROSPECT AVE Clearwater, FL 33756	P O BOX 7747 Clearwater, FL 33758-7747					



DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number	 	Applied For
59-3459276	 	Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

6. Name and Address of Current Registered Agent

TALSNESS, STEVEN L 507 S PROSPECT AVENUE CLEARWATER, FL 33756

DO NOT WRITE IN THIS SPACE

	,			IN	THIS SPACE		
8. The above the obligat SIGNATURE	named entity submits this statement for the plans of registered agent. Signature, typed or printed name of registered agent and title re			egistered agent, or b	oth, in the State of Florida. Tam familiar with, and accept U00000577553 01/08/07-80021-004 150.00		
FIL After Ma	E NOWII! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			······································		
NAME STREET ADDRESS CITY-ST-ZIP	DPS TALSNESS, STEVEN L 507 S PROSPECT AVENUE CLEARWATER, FL 33756						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT WILLIAMS, THOMAS C 507 S PROSPECT AVENUE CLEARWATER, FL 33756			•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADORESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS C/TY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I nereby certify that the information supplied with this filling does not qually for the exemptions contained in Chapter 119, Fiorida Statutes, I further certify that the information indicated on this report or supplemental reports true and occurred and that was signature shall have the same legal effect as if made under oath; that I am an officer or director of the contraction or the register of the same legal effect as if made under oath; that I am an officer or director of the contraction or the register of the same legal effect as if made under oath; that I am an officer or director.							

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 trusted 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 HAME OF SIGNING OFFICER OR DIRECTOR

4/07 27/461-7\$25