

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000069826

1. Entity Name
BOTTIGER'S ENTERPRISES, INC.



Principal Place of Business
6935 WACHULA RD
MYAKKA CITY, FL 34251

Mailing Address
PO BOX 20481
BRADENTON, FL 34203

FILED
04 OCT 4 2004

AMERICAN
COURT
OCT -4 AM 11:29
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

07132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0771697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BOTTIGER, AUGUST V III
6935 WACHULA RD
MYAKKA CITY, FL 34251

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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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME BOTTIGER, AUGUST V III
STREET ADDRESS 6935 WACHULA RD
CITY-ST-ZIP MYAKKA CITY, FL 34251

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400041638834
10/06/04-01026--012 **150.00

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IN THIS SPACE**

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: *August V Bottiger III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-04 9417452341
Date Daytime Phone #