


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90108 005 ***150.00

DOCUMENT # P97000091250 1. Entity Name BLOTTS II, INC.					
Principal Place of Business 5463 W IRLO BRONSON MEM HWY KISSIMMEE FL 32741			Mailing Address P.O. BOX 0100 GOTHA FL 34734		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 100 Suite, Apt. #, etc.			
City & State Zip		City & State Gotha, FL Zip 34734		Country USA	
4. FEI Number 59-3475150				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERSON, ROBERT D 2758 PK ROYAL DR-X WINDERMERE FL 34786			7. Name and Address of New Registered Agent Name Robert D. Peterson Street Address (P.O. Box Number is Not Acceptable) 13124 Luntz Point Lane City Windermere FL Zip Code 34786		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, ROBERT D 13124 LUNTZ POINT LANE WINDERMERE FL 34786 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Robert Peterson - Pres Robert D. Peterson / Pres 4/25/05 407-876-8495 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					