# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 13, 2005**
**Secretary of State**

DOCUMENT# P99000028904

**Entity Name:** POTAGERS, INC.

**Current Principal Place of Business:**

9755 EMERALD COAST PKWY W.
DESTIN, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

9755 EMERALD COAST PKWY W.
DESTIN, FL 32550

**New Mailing Address:**

**FEI Number: 59-3569325** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, PATTI E
9755 EMERALD COAST PARKWAY WEST
DESTIN, FL 32550 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete
Name: WILLIAMS, PATTI
Address: 9755 EMERALD COAST PKWY W.
City-St-Zip: DESTIN, FL 32550

Title: D ( ) Delete
Name: WILLIAMS, JAY
Address: 14 CORTE PALMA
City-St-Zip: SANTA ROSA BEACH, FL 32541

Title: D ( ) Delete
Name: WILLIAMS, JOSH
Address: 234 RUE CARIBE
City-St-Zip: DESTIN, FL 32550

Title: D ( ) Delete
Name: WILLIAMS, JORDAN
Address: 60 COCO COURT
City-St-Zip: DESTIN, FL 32550

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATTI E WILLIAMS O 05/13/2005

Electronic Signature of Signing Officer or Director — Date