

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90070 028 \*\*\*150.00

**DOCUMENT # P99000028904**

1. Entity Name

POTAGERS, INC.



Principal Place of Business

9755 EMERALD COAST PKWY W.  
DESTIN FL 32550

Mailing Address

9755 EMERALD COAST PKWY W.  
DESTIN FL 32550

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3569325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Patti Williams* *Patti Williams*

*1/20/06*

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**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete  
NAME WILLIAMS, PATTI  
STREET ADDRESS 9755 EMERALD COAST PKWY W.  
CITY-ST-ZIP DESTIN FL 32550

TITLE D ☐ Delete  
NAME WILLIAMS, JAY  
STREET ADDRESS 14 CORTE PALMA  
CITY-ST-ZIP SANTA ROSA BEACH FL 32541

TITLE D ☐ Delete  
NAME WILLIAMS, JOSH  
STREET ADDRESS 234 RUE CARIBE  
CITY-ST-ZIP DESTIN FL 32550

TITLE D ☐ Delete  
NAME WILLIAMS, JORDAN  
STREET ADDRESS 60 COCO COURT  
CITY-ST-ZIP DESTIN FL 32550

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME *Josh Williams*  
STREET ADDRESS *502 Hillcrest way*  
CITY-ST-ZIP *DeFuniak Springs, FL 32433*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Patti Williams* *Patti Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/20/06 850-269-3211*