


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90041 002 ***150.00

DOCUMENT # S69902		
1. Entity Name POTTS FINANCIAL SERVICES, INC.		

Principal Place of Business 228 222 LAFAYETTE CIRCLE TALLAHASSEE, FL 32303 US	Mailing Address P.O. BOX 10318 TALLAHASSEE, FL 32302 US
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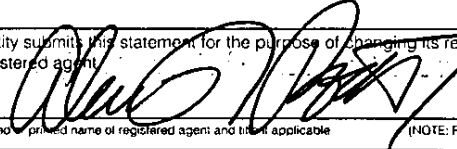
50032156

2. Principal Place of Business 228 Lafayette Circle	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03142005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent POTTS, ALAN N. 222 LAFAYETTE CIR TALLAHASSEE, FL 32303		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: 	DATE: 3/14/05
<small>Signature, typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00-May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POTTS, ALAN N. 222 LAFAYETTE CIRCLE 228 Lafayette Circle TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE: 3/14/05	DAY/PHONE: (850) 222-4774
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		