2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2005
Secretary of State

DOCUMENT# J12292

Entity Name: COTTON'S ALL LINES INSURANCE, INC.

Current Principal Place of Business:

% RICHARD MIKEL COTTON
1222 N.W. 16TH AVE.
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

% RICHARD MIKEL COTTON
1222 N.W. 16TH AVE.
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-2965764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COTTON, RICHARD MIKEL
1222 N.W. 16TH AVE.
-
GAINESVILLE, FL 32601 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COTTON, RICHARD MIKE, L
Address: 1617 N.W. 22ND STREET
City-St-Zip: GAINESVILLE, FL

Title: SD ( ) Delete
Name: COTTON, DEBRA E.,
Address: 1617 N.W. 22ND STREET
City-St-Zip: GAINESVILLE, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COTTON, RICHARD MIKE, L
Address: 1617 N.W. 22ND STREET
City-St-Zip: GAINESVILLE, FL 32605

Title: SD (X) Change ( ) Addition
Name: COTTON, DEBRA E.,
Address: 1617 N.W. 22ND STREET
City-St-Zip: GAINESVILLE, FL 32605

Title: VP ( ) Change (X) Addition
Name: COTTON, JOHN J
Address: 5600 NW 26TH TERRACE
City-St-Zip: GAINESVILLE, FL 32653

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: RICHARD M. COTTON PD 01/03/2005

Electronic Signature of Signing Officer or Director — Date