

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000048756

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: UNCLE MILT'S COTTAGES, INC.

**Current Principal Place of Business:**

701 GULF BOULEVARD  
INDIAN ROCKS BEACH, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 821  
CLEARWATER, FL 33757

**New Mailing Address:**

FEI Number: 59-3165583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHNEIDER, DARLENE  
1428 REGAL ROAD  
CLEARWATER, FL 33756 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: P ( ) Delete  
Name: SCHNEIDER, LEONARD  
Address: 1428 REGAL ROAD  
City-St-Zip: CLEARWATER, FL 33756

Title: VP ( ) Delete  
Name: SCHNEIDER, DARLENE  
Address: 1428 REGAL ROAD  
City-St-Zip: CLEARWATER, FL 33756

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

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 exemption stated in Chapter 119, 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: DARLENE SCHNEIDER

MRS

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date