


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2004 8:00 am
Secretary of State

02-24-2004 90024 007 ***150.00

DOCUMENT # P94000087312

1. Entity Name
COTTON REAL ESTATE, INC.



Principal Place of Business Mailing Address

4545 CHUMUCKLA HWY PO BOX 2402
 PACE FL 32571 PACE FL 32571
 US US

66405499



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3285060** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

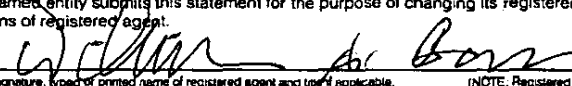
6. Name and Address of Current Registered Agent

COTTON, DOYLE MARK
4937 HAMILTON BRIDGE ROAD
PACE FL 32571

7. Name and Address of New Registered Agent

Name **BASS & SANDEFORT P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
1301 W. GARDEN ST
 City **PENSACOLA** FL Zip Code **32501**

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 **3/8/04**

Signature, typed or printed name of registered agent and trust, if applicable. (NOTE: Registered Agent signature is required when re-registering)

FILE NOW!!! FEE IS \$150.00!
After May 1, 2004 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete COTTON, DOYLE MARK 4937 HAMILTON BRIDGE RD. PACE FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST <input type="checkbox"/> Change <input checked="" 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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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 **2/11/2004** 850-994-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #