


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000049952  
 1. Entity Name  
 COTON COLORS POTTERY, INC.



Principal Place of Business: 2374 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32308  
 Mailing Address: 2374 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32308

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3450891 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BLANK, JOHN L.  
 2374 CAPITAL CIRCLE N.E.  
 TALLAHASSEE, FL 32308

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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, LAURA L
STREET ADDRESS	2374 CAPITAL CIRCLE N.E.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	DVP
NAME	BLANK, DEANNA L
STREET ADDRESS	2374 CAPITAL CIRCLE N.E.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	DTS
NAME	BLANK, JOHN L
STREET ADDRESS	2374 CAPITAL CIRCLE N.E.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(b) 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 a other title empowered

SIGNATURE: John L. Blank JOHN L. BLANK 1/5/05 850-383-1111  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #