


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90046 031 ***150.00

DOCUMENT # P99000009639
 1. Entity Name
COTTON TEE'S & EMBROIDERY, INC.



40096320

Principal Place of Business Mailing Address
3301 W OAK STREET **3301 W OAK STREET**
KISSIMMEE, FL 34741 **KISSIMMEE, FL 34741**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
961-C ARMSTRONG **961-C ARMSTRONG**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
BLVD **BLVD**

04152007 Chg-P CR2E034 (12/06)

City & State City & State
KISSIMMEE, FL **KISSIMMEE, FL**
 Zip Country Zip Country
34741 **USA** **34741** **USA**

4. FEI Number Applied For
59-3496539 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HUSSAIN, A.K.M.S.
4378 CREEKSIDE BLVD.
KISSIMMEE, FL 34746

7. Name and Address of New Registered Agent
 Name **AKM S HUSSAIN**
 Street Address (P.O. Box Number is Not Acceptable)
2706 BARTLET DR.
 City **KISSIMMEE** FL Zip Code
34741

B. 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 *A.K.M. Hussain* **AKM S HUSSAIN** **4/15/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUSSAIN, A.K.M.S. 4378 CREEKSIDE BLVD KISSIMMEE, FL 34746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSSAIN, ANGELA 4378 CREEKSIDE BLVD KISSIMMEE, FL 34746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AKM S HUSSAIN 2706 BARTLET DR. KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ANGELA HUSSAIN 2706 BARTLET DR. KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *A.K.M. Hussain* **AKM S HUSSAIN** **4/15/07** **(407) 8108420**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #