


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # S18404
1. Entity Name
COTTON PICKIN SHIRTS PLUS, INC.



Principal Place of Business
26953 CANAL ROAD
ORANGE BEACH, AL 36561 US

Mailing Address
P.O. BOX 308
ORANGE BEACH, AL 36561 US

DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3027099	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEARS, ANN
6160 N. DAVIS HWY
SUITE 7
PENSACOLA, FL 32504

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY-ST-ZIP	CEO CAMPBELL, CHARLES W JR. 2224 ROYAL CREST DRIVE VESTAVIA HILLS, AL 35216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES YATES, MARK D 8735 CRESTBROOK CIRCLE CHATTANOOGA, TN 37421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RAY, HARRY B 736 CHERRY STREET CHATTANOOGA, TN 37402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CAMPBELL, SHANNON G 2224 ROYAL CREST DR VESTAVIA HILLS, AL 35216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/03/05-80061-006 150.00

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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)(f), 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: Charles W. Campbell 4-28-05 205-743-9604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #