

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S18404

FILED  
Mar 29, 2006  
Secretary of State

Entity Name: COTTON PICKIN SHIRTS PLUS, INC.

**Current Principal Place of Business:**

26953 CANAL ROAD  
ORANGE BEACH, AL 36561 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-3027099      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

SEARS, ANN  
6160 N. DAVIS HWY  
SUITE 8  
PENSACOLA, FL 32504 US

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: \_\_\_\_\_ 03/29/2006  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: CAMPBELL, CHARLES W JR.  
Address: 2224 ROYAL CREST DRIVE  
City-St-Zip: VESTAVIA HILLS, AL 35216 US

Title: PRES ( ) Delete  
Name: YATES, MARK D  
Address: 8735 CRESTBROOK CIRCLE  
City-St-Zip: CHATTANOOGA, TN 37421 US

Title: SEC ( ) Delete  
Name: RAY, HARRY B  
Address: 736 CHERRY STREET  
City-St-Zip: CHATTANOOGA, TN 37402 US

Title: DIR ( ) Delete  
Name: CAMPBELL, SHANNON G  
Address: 2224 ROYAL CREST DR  
City-St-Zip: VESTAVIA HILLS, AL 35216

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: MARIETTA LAY      BOOK      03/29/2006  
Electronic Signature of Signing Officer or Director      Date