

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S18404

FILED
Apr 23, 2007
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 8
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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: _____

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

Electronic Signature of Signing Officer or Director

CONT

04/23/2007

_____ Date