

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**



**DOCUMENT # V30200**  
1. Entity Name  
COTTON & MARTIN CUSTOM PAINTING, INC.

Principal Place of Business: 601 LAUREL ROAD EAST, NOKOMIS, FL 34275  
Mailing Address: 601 LAUREL ROAD EAST, NOKOMIS, FL 34275

**DO NOT WRITE IN THIS SPACE**



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2495211 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MARTIN, ALSIE T  
601 LAUREL RD EAST  
NOKOMIS, FL 34275

**DO NOT WRITE 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 \_\_\_\_\_

**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	PDT MARTIN, ALSIE TED 601 LAUREL RD. E NOKOMIS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS MARTIN, MARY KATHI 601 LAUREL RD. E. NOKOMIS, FL 34275
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04/13/05-80053-023 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4-8-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #