above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

I hereby 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

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: COTTAGES & CASTLES, INC.

Current Principal Place of Business:

2371 LINWOOD AVE SUITE 102 NAPLES, FL 34112

Current Mailing Address:

2371 LINWOOD AVE. #102 NAPLES, FL 34112 US

FEI Number: 65-0394244

Name and Address of Current Registered Agent:

REISMAN, LISA ANASTASIA 2371 LINWOOD AVENUE #102 NAPLES, FL 34112 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: Electronic Signature of Registered Agent

Officer/Director Detail :			
Title	PST	Title	VP
Name	REISMAN, LISA ANASTASIA	Name	ANASTASIA, LAURA
Address	2371 LINWOOD AVENUE #102	Address	2140 HAWKSRIDGE DR. #1703
City-State-Zip:	NAPLES FL 34112	City-State-Zip:	NAPLES FL 34105

FILED Feb 12, 2024 Secretary of State 9710482672CC

Certificate of Status Desired: No

02/12/2024

Date

Date

PRESIDENT