

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # 154365**

1. Entity Name  
**UNITED COTTAGE CORPORATION**



Principal Place of Business  
**5760 75TH TERR N  
PINELLAS PARK, FL 34665**

Mailing Address  
**5760 75TH TERR N  
PINELLAS PARK, FL 34665**



04292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ROGERS, DAVID  
5760 75TH TERR N  
PINELLAS PARK, FL 34665**

**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 \_\_\_\_\_

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

(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	D
NAME	CARROLL, JAMES
STREET ADDRESS	5705 75TH TERR. N.
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	PD
NAME	STORZIER, MILDRED
STREET ADDRESS	5785 75TH AVE
CITY-ST-ZIP	PENELLAS PARK, FL 00000,
TITLE	VPD
NAME	OLSENBERG, MAGERET
STREET ADDRESS	5790 75TH TERR. N.
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	T
NAME	ROGERS, DAVID
STREET ADDRESS	5760 75TH TERR N
CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	S
NAME	ROGERS, SUSANNE
STREET ADDRESS	5760 75TH TERR N
CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	D
NAME	GROWE, WESTLEY
STREET ADDRESS	5795 75TH TERR.
CITY-ST-ZIP	PINELLAS PARK, FL 35781

U00000357189  
05/04/05-80063-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Susanne Rogers Susanne Rogers 4-27-05 727-541-1798  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #