


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90004 018 ***150.00

DOCUMENT # 422140	
1. Entity Name THE COTILLION, INC.	

Principal Place of Business 51 YACHT CLUB DR FT. WALTON BEACH, FL 32548	Mailing Address 51 YACHT CLUB DR FT. WALTON BEACH, FL 32548
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40078709



2. Principal Place of Business - No P.O. Box # 362 Sudduth Circle	3. Mailing Address 362 Sudduth Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04152007 Chg-P CR2E034 (12/06)

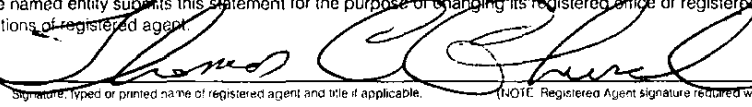
City & State Fort Walton Beach, FL	City & State Fort Walton Beach, FL
Zip 32548	Zip 32548
Country U.S.A.	Country U.S.A.

4. FEI Number 59-1461477	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHURCH, THOMAS C. 51 YACHT CLUB DRIVE FT. WALTON BEACH, FL 32548	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 362 Sudduth Circle City Fort Walton Beach FL Zip Code 32548	
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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 	DATE 4/12/07
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD CHURCH, THOMAS C. 362 SUDDUTH CIRCLE FT. WALTON BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S. MRS. THOMAS C. CHURCH 362 Sudduth Circle Ft. Walton Beach, FL 32548 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.	
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SIGNATURE: 	MRS. THOMAS C. CHURCH	Date April 12, 2007 (850) 243-2588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		