


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90016 035 ***150.00

DOCUMENT # 519791		
1. Entity Name HUGH COTTON INSURANCE, INC.		
Principal Place of Business 2315 CURRY FORD ROAD ORLANDO FL 32806		Mailing Address 2315 CURRY FORD ROAD ORLANDO FL 32806

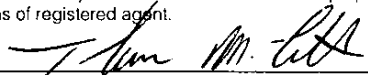


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-1707946		Applied For														
		Not Applicable														
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required														
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2" rowspan="4">COTTON, HUGH 2315 CURRY FORD ROAD ORLANDO FL</td> <td colspan="2">Name Tom M. Cotton</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable) 2315 Curry Ford Road</td> </tr> <tr> <td colspan="2">City Orlando FL Zip Code 32806</td> </tr> <tr> <td colspan="2"></td> </tr> </table>			6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		COTTON, HUGH 2315 CURRY FORD ROAD ORLANDO FL		Name Tom M. Cotton		Street Address (P.O. Box Number is Not Acceptable) 2315 Curry Ford Road		City Orlando FL Zip Code 32806			
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		City Orlando FL Zip Code 32806														

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  **Thomas M. Cotton President** **3-14-07**

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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	PD COTTON, THOMAS M 1107 ARUBA DR ORLANDO FL 32806 <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	SD COTTON, JENNIE S. 2431 VINE STREET ORLANDO FL <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	V PLATT, IRMA 100 S 5TH ST ORLANDO FL 32833 <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 Section 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.

SIGNATURE:  **Thomas M. Cotton** **3-14-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #