



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 519791 1. Entity Name HUGH COTTON INSURANCE, INC.	
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Principal Place of Business 2315 CURRY FORD ROAD ORLANDO, FL 32806	Mailing Address 2315 CURRY FORD ROAD ORLANDO, FL 32806
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DO NOT WRITE IN THIS SPACE

	
04092008	No Chg-P CR2E034 (11/05)
4. FEI Number 59-1707946	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COTTON, TOM M 2315 CURRY FORD ROAD ORLANDO, FL 32806

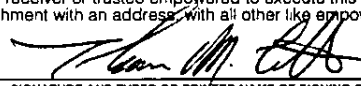
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	04/28/08-80006-021 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COTTON, THOMAS M 1107 ARUBA DR ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COTTON, JENNIE S. 2431 VINE STREET ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PLATT, IRMA 100 S 5TH ST ORLANDO, FL 32833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-9-08 Date	407-898-1776 Daytime Phone #