## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 519791** 

Entity Name: HUGH COTTON INSURANCE, INC.

FILED Mar 10, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
2315 CURRY FORD RO ORLANDO, FL 32806	AD			
Current Mailing Address:		New Mailing Address:		
2315 CURRY FORD RO ORLANDO, FL 32806	AD	P.O. BOX 1701 ORLANDO, FL 32802	US	
FEI Number: 59-1707946	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of N	Name and Address of New Registered Agent:	
COTTON, TOM M 2315 CURRY FORD RO ORLANDO, FL 32806	AD US			
The above named entity sin the State of Florida.	submits this statement for the p	ourpose of changing its registered o	office or registered agent, or both,	
SIGNATURE:				
Electror	nic Signature of Registered Age	ent	Date	
Election Campaign Financing	g Trust Fund Contribution ( ).			

## **OFFICERS AND DIRECTORS:**

100 S 5TH ST

ORLANDO, FL 32833

Title:

Address: City-St-Zip: ( ) Delete Title: PD (X) Change ( ) Addition
TTON, THOMAS M Name: COTTON, THOMAS M

 Name:
 COTTON, THOMAS M
 Name:
 COTTON, THOMAS M

 Address:
 1107 ARUBA DR
 Address:
 1107 ARUBA DR

 City-St-Zip:
 ORLANDO, FL 32806
 City-St-Zip:
 ORLANDO, FL 32806 US

Title: SD () Delete Title: SD (X) Change () Addition
Name: COTTON JENNIE S Name: COTTON JENNIE S

 Name:
 COTTON, JENNIE S.,
 Name:
 COTTON, JENNIE S

 Address:
 2431 VINE STREET
 Address:
 717 EUCLIDE AVE

 City-St-Zip:
 ORLANDO, FL
 32801 US

Title: V ( ) Delete Title: ( ) Change ( ) Addition Name: PLATT, IRMA Name:

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRMA PLATT V 03/10/2009