


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # 555023 1. Entity Name CHRISTMAS COTTAGE, INC.	
--	---

Principal Place of Business 1002 E NEW HAVEN AVE MELBOURNE, FL 32901 US	Mailing Address 1002 E NEW HAVEN MELBOURNE, FL 32901 US
---	---



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1761508	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOPRESTI, DANO
520 BAY CIRCLE
INDIAN HARBOR BEACH, FL 32937**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPRESTI, DANO 520 BAY CIRCLE INDIAN HARBOR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPRESTI, RITA L. 520 BAY CIRCLE INDIAN HARBOR BEACH, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOPRESTI, DANO W. 355 PARK AVE. SATELLITE BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000776844
01/09/08-80040-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Dano Lopresti **DANO LOPRESTI**

1-7-08

321-725-0270

Date

Daytime Phone #