

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90043 007 ***150.00

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01142005 Chg-P CR2E034 (10/03)

DOCUMENT # F04000003887 1. Entity Name THE COTTON LOFT, INC.					
Principal Place of Business 4674 WINDSTARR DR. DESTIN, FL 32541		Mailing Address 4674 WINDSTARR DR. DESTIN, FL 32541			
2. Principal Place of Business 4010 Commons Dr W Suite, Apt. #, etc. Suite 104 City & State Destin FL		3. Mailing Address 4010 Commons Dr W Suite, Apt. #, etc. Suite 104 City & State Destin FL		4. FEI Number 36-4372236 Applied For <input type="checkbox"/> Not Applicable	
Zip 32541 -- -- Country -USA- --		Zip 32541 Country USA --		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent LEVINE, CHRISTINA K 4674 WINDSTARR DR. DESTIN, FL 32541				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LEVINE, CHRISTINA K 4674 WINDSTARR DR. DESTIN, FL 32541	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVINE, MICHAEL J 4674 WINDSTARR DR. DESTIN, FL 32541	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: <u>Christina K. Levine</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>Jan 20, 2005</u>		Daytime Phone #: <u>850-650-2025</u>	