

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000001676**

1. Entity Name  
**THE COTTON PATCH FASHIONS, INCORPORATED**



Principal Place of Business  
**3706 JARRETTSVILLE PIKE  
JARRETTSVILLE, MD 21084**

Mailing Address  
**3706 JARRETTSVILLE PIKE  
JARRETTSVILLE, MD 21084**



02282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-2174105**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MARIO G. DE MENDOZA, III, P.A.  
12765 FOREST HILL BLVD, STE 1302  
WELLINGTON, FL 33414**

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000856570  
03/28/08-80017-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CP  
ANDRISANI, LINDA J  
12869 MEADOWBREEZE DR  
WELLINGTON, FL 33414**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:** *Linda J. Andrisani* **LINDA J. ANDRISANI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/14/08* *561-386-8668*