


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90154 047 \*\*\*150.00

<b>DOCUMENT # J04521</b> 1. Entity Name COTTER & ZELMAN, P.A.	
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Principal Place of Business 2431 LEE RD. WINTER PARK, FL 32789	Mailing Address 2431 LEE RD. WINTER PARK, FL 32789
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**66012063**



02252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2769104	Applied For Not Applicable
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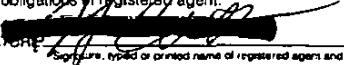

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

COTTER, KENNETH J.  
2431 LEE RD.  
WINTER PARK, FL 32789

**DO NOT WRITE  
IN THIS SPACE**

B. 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, the registered agent.

SIGNATURE:  DATE: 

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 \$350.00**

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	PS COTTER, KENNETH J. 407 OAKHILL DRIVE ALTAMONTE SPR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZELMAN, ANDREW 157 SPRING CHASE CIRCLE ALTAMONTE SPRINGS, FL 32714
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 authority like empowered.

**SIGNATURE:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**5/27/08**  
Date

Daytime Phone #