


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # J12292	
1. Entity Name COTTON'S ALL LINES INSURANCE, INC.	

Principal Place of Business % RICHARD MIKEL COTTON 1222 N.W. 16TH AVE. GAINESVILLE, FL 32601	Mailing Address % RICHARD MIKEL COTTON 1222 N.W. 16TH AVE. GAINESVILLE, FL 32601
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2965764	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COTTON, RICHARD MIKEL 1222 N.W. 16TH AVE. GAINESVILLE, FL 32601

**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 _____
Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PD COTTON, RICHARD MIKEL 1617 N.W. 22ND STREET GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COTTON, DEBRA E. 1617 N.W. 22ND STREET GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COTTON, JOHN J 5600 NW 26TH TERRACE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/12/06-60048-023 150.00

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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: Richard M. Cotton **RICHARD M. COTTON** 01/10/06 352 338-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone