2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 150283



FILED Jan 22, 2008 8:00 am Secretary of State

1. Entity Nam	Entity Name AVID COTTLE, P.A.				01-22-2008 90072 004 ***150.00			
Principal Place of Business Mailing Address 13800 PANAMA CITY BEACH PARKWAY #106D-116 13800 PANAMA CITY BEACH PARKWAY #106D-1 PANAMA CITY BEACH, FL 32407 US PANAMA CITY BEACH, FL 32407 US					اد <u>ہ</u> 16	. -		
	i bladi, re 32407 - us	FARAMA CITE DEACH,	IL SZ4	07 03	. (####################################		II BYRN THRY DIRW RIGH CYR	AI 619 77 41 1 11 12 1 01
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt.	Suite, Apt. #, etc.	te, Apt. #, etc.		01162008 Chg-P CR2E034 (12/06)		06)		
City & State		City & State		4. FEI Number 59-2760052			Applied For Not Applicable	
Zip	Country	Zip	Cour	itry	5. Certificate of	f Status Desired	\$8.75	Additional
	6. Name and Address of Curren	t Registered Agent	J		7. Name and	Address of New F	Registered Agent	
COTTLE, DAVID 2740 SW MARTIN DOWNS BLVD #302				Name OGV	 	is Not Acceptable	e)	
PALM CITY, FL 34990				13800 PC	WOM a Cit	4 Beach	Parkuxy #	106D-110
				Panama				Code ZUOD
8. The above	named entity submits this statement tions of registered agent	for the purpose of changing its	register	ed office or register	ed agent, or both	, in the State of Fl		
GNATURE -	havy Wtal	W				1	18/08	
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registere	d Agent signature required	when reinstating)		DATE	
	E NOW!!! FEE 18 \$150.00 By 1, 2008 Fee will be \$550	9. Election Campa Trust Fund Con			.00 May Be ed to Fees			
10.	OFFICERS ANI		11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECT	
title Name	COTTLE, DAVID	☐ Delete	TITL NAM				☐ Char	nge 🗌 Addition
STREET ADDRESS CITY-ST-ZIP	13800 PANAMA CITY BEACH F PANAMA CITY BEACH, FL 324		. I	ET ADDRÉSS -ST-ZIP				
TITLE NAME		☐ Delele	TITL	i			☐ Char	nge Addition
STREET ADDRESS CITY-ST-ZIP			STR	EET ADDRESS - ST - ZIP				
TITLE		☐ Delete	TITL				☐ Char	nge 🔲 Addition
NAME STREET ADDRESS			NAM STRE	ET ADDRESS				
CITY-ST-ZIP		<u></u>		-ST-ZIP				
TITLE NAME		☐ Delete	TITL NAM	·			Char	nge 🗌 Addition
STREET ADDRESS City-St-Zip			9	ET ADDRESS -ST-ZIP				
TITLE NAME	74444	☐ Delete	TITL		41		☐ Char	nge 🔲 Addition
STREET ADDRESS			NAM STRE	ET ADDRESS				
CITY-ST-ZIP		П о	-	-ST-ZIP	7.01.11.01.01			
NAME		☐ Delete	TITL NAM	E			☐ Char	nge 🗀 Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
12. I hereby o	certify that the information supplied wi on this report or supplemental report	th this filing does not qualify to	or the ex	emptions contained	in Chapter 119,	Florida Statutes. I	I further certify that t	he information
of the cor changed,	on this report or supplemental report poration or the receiver or trustee emport or on an attachment with an address	powered to execute this report, with all other like emptyered	as requi	red by Chapter 607	, Florida Statutes	; and that my nam	e appears in Block	10 or Block 11 if
SIGNAT	URE: Davi	W. Cath	DAL	ID W. C	OTTLE	1/18/	108 772-41	61-4461
J W-(1	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER				Dens	Daytme Phor	ne #