


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N38904 1. Entity Name COTTAGE EDUCATION CORP.	
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Principal Place of Business 32453 LAKESHORE DRIVE SUITE 1 TAVERES, FL 32778 US	Mailing Address P.O. BOX 778 MT. DORA, FL 32757 US
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DO NOT WRITE IN THIS SPACE



03052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3025518	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent M. F. BAKI 32453 LAKESHORE DR. TAVARE, FL 32778	DO NOT WRITE IN THIS SPACE
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6. 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 *M F BAKI* **MEHMET F BAKI** 4/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2005	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BAKI, MEHMET FATIN 32453 LAKESHORE DR TAVARES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BROMBERG, ANDREW G. P.O. BOX 131 N/A MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BONOSKY, ALBERT 1105 ST LAWRENCE DRIVE GRAND ISLAND, FL 32735
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**

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04/05/05-80003-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: *M F BAKI* **MEHMET F BAKI** 4/1/05 (352) 343-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #