

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90179 041 ***150.00

DOCUMENT # P00000002471

1. Entity Name
COTTON DOCK, INC.



Principal Place of Business
**123A WEST SEMINOLE AVE.
BUSHNELL, FL 33513**

Mailing Address
**123A WEST SEMINOLE AVE.
BUSHNELL, FL 33513**

2. Principal Place of Business - No P.O. Box #
2381 Circuit Way

3. Mailing Address
2381 Circuit Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032007

Chg-P

CR2E034 (12/06)

City & State
Brooksville, Florida

City & State
Brooksville, Florida

4. FEI Number
59-3624551

Applied For
Not Applicable

Zip
34604

Country

Zip
34604

Country

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

6. Name and Address of Current Registered Agent

**NAMIA, JOSEPH H
5760 WEST COUNTY ROAD NO. 476
BUSHNELL, FL 33513**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

4-11-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
**D
NAMIA, JOSEPH H
5760 WEST COUNTY ROAD NO. 476
BUSHNELL, FL 33513** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NAMIA, ANN T
5760 WEST COUNTY ROAD NO. 476
BUSHNELL, FL 33513** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Ann T Namia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-07