

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90105 021 \*\*\*150.00

**14006084**



03092004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000077211</b> 1. Entity Name <b>HIGH COTTON INVESTMENTS, INC.</b>					
Principal Place of Business <b>4971 BACOPA LANE SOUTH #801 ST. PETERSBURG, FL 33715</b>			Mailing Address <b>4971 BACOPA LANE SOUTH #801 ST. PETERSBURG, FL 33715</b>		
2. Principal Place of Business <b>3400 W. Lawn Ave.</b> Suite, Apt. #, etc.		3. Mailing Address <b>3400 W. Lawn Ave.</b> Suite, Apt. #, etc.		4. FEI Number <b>90-0107580</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>			
Zip <b>33611</b> Country <b>USA</b>		Zip <b>33611</b> Country <b>USA</b>			
6. Name and Address of Current Registered Agent <b>HILLS, TONYA ESQ. 100 S. ASHLEY DRIVE SUITE 600 TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLS, TONYA 3400 W. LAWN AVE. TAMPA, FL 33611 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4-20-04</b> Daytime Phone # _____		