


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

04-19-2004 90386 020 ***158.75

DOCUMENT # P03000124463 1. Entity Name ROBERT COTTON SERVICES, INC.																													
Principal Place of Business 741 N.W. 69TH AVENUE MARGATE, FL 33063			Mailing Address 741 N.W. 69TH AVENUE MARGATE, FL 33063																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 32-0099570																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent COTTON, ROBERT 741 N.W. 69TH AVENUE MARGATE, FL 33063			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">D</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>COTTON, ROBERT</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td>741 N.W. 69TH AVENUE MARGATE, FL 33063</td> <td></td> </tr> </table>			TITLE	D	NAME	<input type="checkbox"/> Delete	STREET ADDRESS		COTTON, ROBERT		CITY- ST- ZIP		741 N.W. 69TH AVENUE MARGATE, FL 33063		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;"></td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS				CITY- ST- ZIP			
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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 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: <u>Robert Cotton</u> 4/12/4 954-974-8602 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													