2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2008 08:00 AN Secretary of State

ANNUAL REPORT					Secretary of St			
DOCUMENT # P03000137589					,	occi ctai	y or St	
1. Entity Name MITCHELL T. COTTON CONTRACTING, INC.								
Principal Plac 35 TUCKER I HAVANA, FL		Mailing Address 35 TUCKER MUNROE DR HAVANA, FL 32333					,	
DO NOT WRITE IN THIS SPACE			CE	01282008 4. FEI Numb 27-007		CR2E034 (11/0	Applied For Not Applicable	
		•			of Status Desired	☐ \$8.75 Fee Req	Additional uired	
	6. Name and Address of Current R	. (
COTTON, MITCHELL T 35 TUCKER MUNROE DR HAVANA, FL 32333					NOT.W THIS SF			
	named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Fic	rida. I am familiar w	ith, and accept	
SIGNATURE			ed Agent signature required	d when reinslating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees)0810375 R-90092-002	150 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COTTON, MITCHELL T 35 TUCKER MUNROE DR HAVANA, FL 32333	IRECTORS	-		minut with a		100100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					, ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			i,	IN '	THIS SF	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				7 · · · 7				
TITLE NAME STREET ADDRESS				Tark Section	-	4 · · · · · · · · · · · · · · · · · · ·		

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:

CITY-ST-ZIP

Machell T. Lettensing of Signature and typed or printed name of Signature or director

1-29-08

Daytime Phone #