2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000003789

1. Entity Name
COTTRELL SERVICES INC.

Principal Place of Business	Mailing Address
236 SW 10TH ST CAPE CORAL, FL 33991 US	236 SW 10TH ST CAPE CORAL, FL 33991 US

DO NOT WRITE IN THIS SPACE

01072007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
56-2426558	Not Applicable

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

6. Name and Address of Current Registered Agent

COTTRELL, TIMOTHY P
236 SW 10TH ST
CAPE CORAL, FL 33991

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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

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

U00000582433
01/11/07-80031-017 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	COTTRELL, TIMOTHY P
STREET ADDRESS	236 SW 10TH ST
CITY-ST-ZIP	CAPE CORAL, FL 33991

TITLE	V
NAME	COTTRELL, EVELYN
STREET ADDRESS	236 SW 10TH ST
CITY-ST-ZIP	CAPE CORAL, FL 33991

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Evelyn Cottrell*   Evelyn Cottrell   1/8/07   239 360-2836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #