

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90024 019 \*\*\*150.00

**DOCUMENT # P05000033544**

1. Entity Name  
COTTON PATCH QUILT SHOP, INC.



Principal Place of Business

1990 MAIN ST STE 700  
SARASOTA, FL 34234  
6500 14th St West  
Bradenton

Mailing Address

1990 MAIN ST STE 700  
SARASOTA, FL 34234

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

6500 14th St West

3. Mailing Address

6500 14th St West

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

FL 34207

Country

Zip

34207

Country

04262007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-2454580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LUZIER, THOMAS B ESQ.  
1900 MAIN ST STE 700  
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name

Laura M. Flynn

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

6500 14th St West

Suite A

City

Bradenton, FL

FL

Zip Code

34207

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

Laura M. Flynn

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/26/07

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D  
FLYNN, LAURA M  
STREET ADDRESS  
349 SUWANEE AVE  
CITY-ST-ZIP  
SARASOTA, FL 34234 ☐ Delete

TITLE  
NAME  
D  
FLYNN, TIMOTHY P  
STREET ADDRESS  
349 SUWANEE AVE  
CITY-ST-ZIP  
SARASOTA, FL 34234 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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:

Laura M. Flynn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07

Date

941-755-5102

Daytime Phone #