

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90033 006 ***150.00

DOCUMENT # P05000048327

1. Entity Name
MADELEINA COTTAGE, INC.



Principal Place of Business
**469 BELLEPOINT DRIVE
BELLE VISTA
ST. PETE BEACH, FL 33706**

Mailing Address
**469 BELLEPOINT DRIVE
BELLE VISTA
ST. PETE BEACH, FL 33706**

90110000



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1670262

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCOTT, GARY D
469 BELLEPOINT DRIVE
BELLE VISTA
ST. PETE BEACH, FL 33706**

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
SCOTT, GARY D
469 BELLEPOINT DRIVE - BELLA VISTA
ST. PETE BEACH, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
SCOTT, DIANE
469 BELLEPOINT DRIVE - BELLA VISTA
ST. PETE BEACH, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/8/08

Date

(222) 367-1727

Daytime Phone #