


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90008 026 ***158.75

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # P06000088440 1. Entity Name CLASSIC COTTAGE ACCESSORIES, INC. | | | |  | |
| Principal Place of Business 1855 INGLESIDE AVE., JACKSONVILLE, FL 32205 US | | | Mailing Address 1855 INGLESIDE AVE., JACKSONVILLE, FL 32205 US | | |
| 2. Principal Place of Business - No P.O. Box # 530 Ellis Road S. | | 3. Mailing Address Suite, Apt. #, etc. #202 | | | |
| City & State Jacksonville | | City & State Jacksonville | | | |
| Zip FL | | Country 32254 | | Zip FL | |
| 6. Name and Address of Current Registered Agent WEEDON, GERALD W ESQ. 1200 RIVERPLACE BLVD., SUITE 800 JACKSONVILLE, FL 32207 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P PATTISON, CHRISTINA R 1855 INGLESIDE AVE. JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u><i>Christina R. Pattison</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>3-1-07</u> <small>Date</small> | | |

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02242007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
☒ Not Applicable

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