

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90032 049 ***150.00

DOCUMENT # P07006067778

1. Entity Name
RED COTTAGE REALTY INC.



40111752

Principal Place of Business Mailing Address
750 FLORIDA BLVD 750 FLORIDA BLVD
ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
125 E WOODLAND DR 125 E WOODLAND DR
Suite, Apt. #, etc. Suite, Apt. #, etc.

06112008 Chg-P CR2E034 (12/06)

City & State City & State
SANFORD FL SANFORD FL
Zip Country Zip Country
32773 USA 32773 USA

4. FEL Number Applied For
86-0366576 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROVES, NANCY A
750 FLORIDA BLVD
ALTAMONTE SPRINGS, FL 32701

Name
Street Address (P.O. Box Number is Not Acceptable)
125 E WOODLAND DR
City **SANFORD** FL Zip Code **32773**

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]* (NOTE: Registered Agent signature required when re-registering)

DATE **6/26/08**

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2011

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **GROVES, NANCY A**
CITY-ST-ZIP **750 FLORIDA BLVD**
ALTAMONTE SPRINGS, FL 32701

TITLE ☒ Change ☐ Addition
NAME **125 E WOODLAND DR**
STREET ADDRESS **SANFORD**
CITY-ST-ZIP **FL 32773**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **DAVID, DOROTHY A**
CITY-ST-ZIP **125 E WOODLAND DR**
SANFORD FL 32773

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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]* **6/26/08**
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #