## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P93000083771**

1. Entity Name
COTTEE RIVER CAMP COMPANY



FILED Apr 13, 2007 08:00 AM Secretary of State

Principal Place of Business

8141 AQUILA ST.

APT. 314 PORT RICHEY, FL 34668 Mailing Address

POST OFFICE BOX 131 NEW PORT RICHEY, FL 34656



02162007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3220163

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CASSON, CHARLES P 8141 AQUILA ST., UNIT 314 P O BOX 131 NEW PORT RICHEY, FL 34656

## DO NOT WRITE IN THIS SPACE

		l				
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 priviled name of registered agent and title if applicable (NOTE: Registered				Agent signature required when reinstating) DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Cam Trust Fund Co			ing 🗆	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			,			
TITLE NAME STREET ADDRESS GTY-ST-ZIP	D CASSON, CHARLES P POST OFFICE BOX 131 N/A NEW PRT. RICHEY, FL 34656			U00000704226		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		000000704226 04/23/07-80002-019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07 (727)- 843-0327

Daytime Phone #