

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000083771

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** COTTEE RIVER CAMP COMPANY

**Current Principal Place of Business:**

8141 AQUILA ST.  
APT. 314  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

8141 AQUILA ST.  
APT. 321  
PORT RICHEY, FL 34668

**Current Mailing Address:**

POST OFFICE BOX 131  
NEW PORT RICHEY, FL 34656

**New Mailing Address:**

**FEI Number:** 59-3220163

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASSON, CHARLES P  
8141 AQUILA ST.  
UNIT 314  
PORT RICHEY, FL 34668 US

**Name and Address of New Registered Agent:**

CASSON, CHARLES P  
8141 AQUILA ST.  
UNIT 321  
PORT RICHEY, FL 34668 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

01/11/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: CASSON, CHARLES P  
Address: POST OFFICE BOX 131 N/A  
City-St-Zip: NEW PRT. RICHEY, FL 34656

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES P. CASSON

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01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date