


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90044 018 \*\*\*150.00

DOCUMENT # V26471	
1. Entity Name COTTAGES & CASTLES, INC.	

Principal Place of Business 649 7TH AVE S 404 NAPLES, FL 34102 US	Mailing Address P. O. BOX 425 P.O. BOX 425 NAPLES, FL 34106 US
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*2371 Linwood Ave*  
*Naples, FL 34112*  
*Suite 101-102*

**DO NOT WRITE IN THIS SPACE**



03182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0394244	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  REISMAN, LISA ANASTASIA 711 GALLEON DR NAPLES, FL 34102
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**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
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST REISMAN, LISA ANASTASIA 711 GALLEON DR NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANASTASIA, LAURA <del>2418 HAWK RIDGE DR #1793</del> <i>491 Wedge Drive</i> NAPLES, FL <del>34106</del> <i>Naples, FL 34103</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 exemption stated in Section 119.07(3)(i), 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: <i>Lisa Reisman</i>	<i>3/30/05</i>	<i>239-263-0234</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #