2007 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT			Jan 11, 2007 08:00		
DOCUMENT # V26924 1. Entity Name			Secretary of Stat		
COLBERT & COTTON, INC.					
Principal Place of Business 5413 WEST SLIGH AVE TAMPA, FL 33634	Mailing Address P.O. BOX 26048 TAMPA, FL 33623				F DIREN BURN BURN BURN BURN BURN BURN BURN BUR
DO NOT WRITE IN THIS SPA		CE		No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent COTTON, MICHAEL A 5413 WEST SLIGH AVE TAMPA, FL 33634		-		OT WR	
 The above named editity submits this statement for the obligations of registered agent. 	e purpose of changing its register	ed office or register	red agent, or both, in	the State of Florida	i. I am familiar with, and accept
Signature, typed or printed name of registered agent and tille if applicable. (NOTE, Registered		d Agent signature required	I when reinstating)		DATE
FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			.00 May Be led to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33625 TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33613 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	RECTORS		DO N	U0000058 1/12/07-80 OT WR	
STREET ADDRESS CITY-ST-ZIP			± ••		

12. I hereby certify that the information supplied with this filling 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 or powered 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: ENTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY ST-ZIP

Michael A Cotton, President

Daysme Phone #