2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# G54860

Entity Name: COSCO & ASSOCIATES, INC.

Current Principal Place of Business:

215 E JAMES LEE BLVD
COSCO BLDG
CRESTVIEW, FL 32539 US

New Principal Place of Business:

Current Mailing Address:

215 E JAMES LEE BLVD
COSCO BLDG
CRESTVIEW, FL 32539 US

New Mailing Address:

FEI Number: 59-2689023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COSGROVE, DEWEY
215 E. JAMES LEE BLVD
COSCO BLDG
CRESTVIEW, FL 32539 US

Name and Address of New Registered Agent:

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 — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COSGROVE, DEWEY
Address: 215 E JAMES LEE BLVD
City-St-Zip: CRESTVIEW, FL 32539

Title: S (X) Delete
Name: COSGROVE, JEFFREY
Address: 2 MARLIN ST.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: P ( ) Delete
Name: SONGSTER, TIMOTHY
Address: 6075 BLUEBERRY LANE
City-St-Zip: CRESTVIEW, FL 32536

Title: VP ( ) Delete
Name: CALDWELL, EDWARD A
Address: 215 E JAMES LEE BLVD
City-St-Zip: CRESTVIEW, FL 32539 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEWEY COSGROVE COB 04/14/2009

Electronic Signature of Signing Officer or Director — Date