

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # G61800
 1. Entity Name
CODESCO CORPORATION



Principal Place of Business Mailing Address
2959 FIRST AVENUE NORTH **2959 FIRST AVENUE NORTH**
ST. PETERSBURG, FL 33713 **ST. PETERSBURG, FL 33713**

DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2342499 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BACON, DAVID A.
2959 FIRST AVE. N.
ST. PETERSBURG, FL 33713

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6. 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000452499
 03/11/06-80028-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COFFEY, SARAH L 7017 ROTHERWOOD DRIVE KNOXVILLE, TN 37919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STRADER, ROBERT J 3 106 LA PALOMA SANTA FE, NM 87505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRESSON, KATHERINE 50 SE 123 STREET ROAD OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESSON, EDWARD M 50 SE 123 STREET ROAD OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Edward M Presson 02-20-06 352/245-8569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Edward M. Presson, President