


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # G61800
 1. Entity Name
CODESCO CORPORATION



Principal Place of Business 2959 FIRST AVENUE NORTH ST. PETERSBURG, FL 33713	Mailing Address 2959 FIRST AVENUE NORTH ST. PETERSBURG, FL 33713
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2342499	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
BACON, DAVID A.
 2959 FIRST AVE. N.
 ST. PETERSBURG, FL 33713

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000648476
 03/07/07-80010-025 150.00

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* Edward M. Presson 02-19-2007 352/245-8569
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #