

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2008 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**



02122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$350.00**

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

**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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 03/19/08-80019-001 150.00

**DO NOT WRITE IN THIS SPACE**

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 Presson) 03-02-2008

352-245-8569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #