


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 212127 1. Entity Name CODISCO, INC.	
---	---

Principal Place of Business 488 W Highbanks Road DeBary, FL 32713 US	Mailing Address 488 W Highbanks Rd DeBary, FL 32713 US
--	--

DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0828859	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

PHALIN, LAWRENCE J.
225 E. ROBINSON ST.
SUITE 600
ORLANDO, FL 32801

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000889958 04/22/08-80075-018 150.00
---	---	---

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	BAUERLE, CATHERINE J
STREET ADDRESS	488 W Highbanks Rd
CITY-ST-ZIP	DeBary, FL
TITLE	VP
NAME	BAUERLE, DONALD C JR
STREET ADDRESS	488 W Highbanks Rd
CITY-ST-ZIP	DeBary, FL 32713
TITLE	PRES
NAME	BAUERLE, DONALD C III
STREET ADDRESS	488 W Highbanks Rd
CITY-ST-ZIP	DeBary, FL 32713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Donald C. Bauerle III 2.5.08 386-668-4491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Donald C. Bauerle III, PRES Date: Daytime Phone #