

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 19, 2005 8:00 am
Secretary of State**

01-19-2005 90007 044 ***150.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162005 Chg-P CR2E034 (10/03)

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**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE SD
NAME COFFEY, SARAH L
STREET ADDRESS 7017 ROTHERWOOD DRIVE
CITY-ST-ZIP KNOXVILLE, TN 37919

Delete

TITLE VP
NAME STRADER, ROBERT J 3
STREET ADDRESS PO BOX 8403
CITY-ST-ZIP SANTA FRE, NM 875048403

Delete

TITLE TD
NAME PRESSON, KATHERINE
STREET ADDRESS 50 SE 123 STREET ROAD
CITY-ST-ZIP OCALA, FL 34480

Delete

TITLE P
NAME PRESSON, EDWARD M
STREET ADDRESS 50 SE 123 STREET ROAD
CITY-ST-ZIP OCALA, FL 34480

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, President 01-17-05 352/245-8569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #