


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

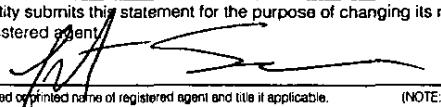
02-14-2005 90038 002 ***150.00

DOCUMENT # P00000018750		
1. Entity Name ROSCO INTERIORS, INC.		
Principal Place of Business 1608 OAKMONT CIR NICEVILLE, FL 32578		Mailing Address 1608 OAKMONT CIR NICEVILLE, FL 32578
2. Principal Place of Business 4397 WINDLAKE DR	3. Mailing Address 4397 WINDLAKE DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State NICEVILLE, FL	City & State NICEVILLE FL	
Zip 32578	Country USA	Zip 32578
Country USA		4. FEI Number 59-3636672
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable
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.		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees

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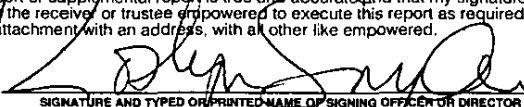


02112005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SNYDER, LARRY 1608 OAKMONT CIR NICEVILLE, FL 32578		7. Name and Address of New Registered Agent Name LARRY SNYDER Street Address (P.O. Box Number is Not Acceptable) 4397 WINDLAKE DR City NICEVILLE FL Zip Code 32578	
SIGNATURE 		DATE 2-10-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SNYDER, ROSLYN A 1608 OAKMONT CIR NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **2/11/05** 8581897-6411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #