

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 Mailing Address

1608 OAKMONT CIR 1608 OAKMONT CIR
 NICEVILLE, FL 32578 NICEVILLE, FL 32578

40017349

2. Principal Place of Business 3. Mailing Address

4397 WINDLAKE DR **4397 WINDLAKE DR**

Suite, Apt. #, etc. Suite, Apt. #, etc.

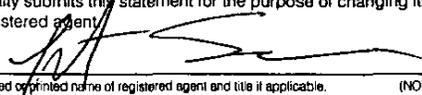


02112005 Chg-P CR2E034 (10/03)

City & State NICEVILLE, FL	City & State NICEVILLE FL	4. FEI Number 59-3636672	Applied For <input type="checkbox"/> Not Applicable
Zip 32578	Country USA	Zip 32578	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SNYDER, LARRY 1608 OAKMONT CIR NICEVILLE, FL 32578		Name LARRY SNYDER	
		Street Address (P.O. Box Number is Not Acceptable) 4397 WINDLAKE DR	
		City NICEVILLE	FL Zip Code 32578

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  DATE **2-10-05**

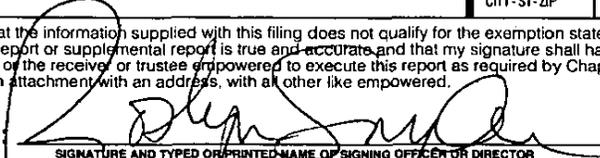
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		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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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

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  DATE **2/11/05** Daytime Phone # **858-1897-6411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR