


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

3 **FILED**
Apr 05, 2004 8:00 am
Secretary of State

03-25-2004 90011 035 ***150.00

DOCUMENT # P01000100015	
1. Entity Name COSSON BUILDERS, INC.	

Principal Place of Business 795 MCKINNON BRIDGE RD PONCE DE LEON, FL 32455	Mailing Address 795 MCKINNON BRIDGE RD PONCE DE LEON, FL 32455
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66409777



DO NOT WRITE IN THIS SPACE

01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3604950	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COSSON, BURT E 795 MCKINNON BRIDGE RD PONCE DE LEON, FL 32455
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**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSSON, BURT E 795 MCKINNON BRIDGE RD PONCE DE LEON, FL 32455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSSON, TIFFANY A 795 MCKINNON BRIDGE RD PONCE DE LEON, FL 32455
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Burt E. Cosson Pres. 01 APR 04 850 259 486/
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BURT E. COSSON