


041404 600110 020

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

05-05-2005 90094 012 \*\*\*\*93.75  
P02000134928

FL 4/14/05 60110 020 H56.25

DOCUMENT # P02000134928		
1. Entity Name KENDUST & COZZA DESIGNS, INC.		

Principal Place of Business 7205 WAELTI DR MELBOURNE, FL 32940	Mailing Address 7205 WAELTI DR MELBOURNE, FL 32940
--	--

05 MAY 31 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 32-0050614	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  COZZA, SANTO J 7205 WAELTI DR MELBOURNE, FL 32940
--

**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 \_\_\_\_\_

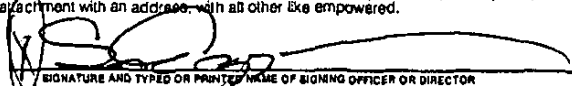
**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KENDUST, JAMES A 4548 DEERWOOD TR MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COZZA, SANTO J 458 WINCHESTER RD SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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:  4-28-05 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #