04/26/2005 06:51 7724602271 PAUL YOUNG

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90549 005 ***150.00

DOCUMENT # P96000051842

1. Entity Name
R. COSGROVE, INC.

NEW →

Principal Place of Business / Mailing Address
406 FARMERS MARKET RD.
FORT PIERCE, FL 34982 US

14015046

04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0669034
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COSGROVE, ROBERT
797 WOODLANDS DRIVE
PORT ST LUCIE, FL 34952

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 _____ DATE
(Typed or printed name of registered agent and title if applicable) (Must be Registered Agent signature required when reinstating)

FILE NOW!!! FEES $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	P
NAME	COSGROVE, ROBERT
STREET ADDRESS	797 WOODLANDS DRIVE
CITY-ST-ZIP	PORT ST LUCIE, FL
TITLE	VP
NAME	COSGROVE, KAROL S
STREET ADDRESS	797 WOODLANDS DRIVE
CITY-ST-ZIP	PORT ST LUCIE, FL
TITLE	ST
NAME	COSGROVE, KAROL S
STREET ADDRESS	797 WOODLANDS DRIVE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
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: _____ Apr. 28, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
140504
#P96000051842

FILING INSTRUCTIONS
FLORIDA ANNUAL REPORT

MAIL BY APRIL 30, 2005
TO:
DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE FLORIDA 32302-1500

SIGN AND DATE

MAKE CHECK PAYABLE TO FLORIDA DEPT OF STATE FOR $150.00

A PENALTY OF $400 WILL BE DUE IF FILED LATE

IF THERE IS MORE THAN ONE CORPORATION FILE EACH SEPERATELY
WITH SEPARATE CHECK

Mailed
4.29.05