


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000070652</b>	
1. Entity Name COUSINS BULK IN BINS, INC.	

Principal Place of Business 7331 W ATLANTIC AVE DELRAY BEACH, FL 33446	Mailing Address 7331 W ATLANTIC AVE DELRAY BEACH, FL 33446
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DO NOT WRITE IN THIS SPACE



04232005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0856765	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  DEMARTINO, THEODORA 7331 W ATLANTIC AVE DELRAY BEACH, FL 33446
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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 reissuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMARTINO, THEODORA 7326 CORTES LAKES DRIVE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PURCHIO, LEONA 7326 CORTES LAKES DRIVE DELRAY BEACH, FL 33446
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05/02/05-80116-022 150.00

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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)(f), 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:**  **TERRY DEMARTINO** 4/28/05 561 498 1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #