

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90049 012 ***150.00

DOCUMENT # P99000063056

1. Entity Name
COSGROVE DISTRIBUTION, INC.



Principal Place of Business
**16000 NW 49TH AVENUE
MIAMI, FL 33014**

Mailing Address
**16000 NW 49TH AVENUE
MIAMI, FL 33014**

34032433



03122004 No.Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0937845
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROGERS, GREGORY R
8224 NW 2ND COURT **16000 NW 49th Ave**
CORAL SPRINGS, FL 33071 **MIAMI, FL 33014**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 **ROGERS, GREGORY**
STREET ADDRESS **8224 NW 2ND COURT** **16000 NW 49th Ave**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071** **MIAMI FL 33014**

TITLE **VP**
NAME **SHELTON, RANDALL J**
STREET ADDRESS **8224 NW 2ND COURT** **16000 NW 49th Ave**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071** **MIAMI FL 33014**

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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)(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: **R. Gregory Rogers**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04 **3056236700**
Date Daytime Phone #