

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000064548

1. Entity Name  
 OSPREY INVESTMENTS, INC.



Principal Place of Business  
 1050 RIVERSIDE AVE  
 JACKSONVILLE, FL 32204 US

Mailing Address  
 1050 RIVERSIDE AVE  
 JACKSONVILLE, FL 32204 US



04052005 No Chg-F CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3201719

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMATHERS, BRUCE A  
 1050 RIVERSIDE AVE  
 SUITE 2201  
 JACKSONVILLE, FL 32204

**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 *Bruce A. Smathers, Pres. & Registered Agent*

Signature typed or printed name of registered agent and title if applicable. (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

000000300073  
 04/12/05-80005-014 150.00

10. OFFICERS AND DIRECTORS

TITLE PT  
 NAME SMATHERS, BRUCE A  
 STREET ADDRESS 1050 RIVERSIDE AVE  
 CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE S  
 NAME DRAWDY, KELLEY  
 STREET ADDRESS 2937 DOCTORS LAKE DR  
 CITY-ST-ZIP ORANGE PARK, FL 32073

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)(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: *Bruce A. Smathers, Pres.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/07/05*  
 Daytime Phone #: *(904) 358-2201*