

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000038814

Entity Name: OSB HOLDINGS, INC.**Current Principal Place of Business:**1855 STATE ROAD 434 - SUITE 255
LONGWOOD, FL 32750**Current Mailing Address:**1855 STATE ROAD 434 - SUITE 255
LONGWOOD, FL 32750**FEI Number:** 26-0185452**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WICK, JOHN
1855 WEST STATE ROAD 434
SUITE 255
LONGWOOD, FL 32750 US*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.***SIGNATURE:** JOHN WICK

01/28/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	CIPORALLO, MICHAEL
Address	1855 STATE ROAD 434 SUITE 255
City-State-Zip:	LONGWOOD FL 32750

Title	D
Name	VESTAL, MICHAEL
Address	1855 STATE ROAD 434 SUITE 255
City-State-Zip:	LONGWOOD FL 32750

Title	D
Name	RITENOUR, HEATH
Address	1855 STATE ROAD 434 SUITE 255
City-State-Zip:	LONGWOOD FL 32750

Title	DC
Name	RITENOUR, JOHN K
Address	1855 STATE ROAD 434 SUITE 255
City-State-Zip:	LONGWOOD FL 32750

Title	S
Name	BEERS, DEBORAH J
Address	1855 STATE ROAD 434 SUITE 255
City-State-Zip:	LONGWOOD FL 32750

Title	DPT
Name	EDWARDS, CRAIG R
Address	1855 STATE ROAD 434 SUITE 255
City-State-Zip:	LONGWOOD FL 32750

Title	DIRECTOR
Name	RIVIERE, STEVE
Address	1855 STATE ROAD 434 - SUITE 255
City-State-Zip:	LONGWOOD 32750

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG EDWARDS

PRESIDENT

01/28/2017

Electronic Signature of Signing Officer/Director Detail

Date