


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 250609  
 1. Entity Name  
 OSBORN CONSTRUCTION ENGINEERS INC



Principal Place of Business      Mailing Address  
 150 N.W. 68 ST.                      150 N.W. 68 ST.  
 FT LAUDERDALE, FL 33309              FT LAUDERDALE, FL 33309

**DO NOT WRITE IN THIS SPACE**



01042005      No Chg-P      CR2E034 (10/03)

4. FEI Number  
 59-0941049      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 COX, ANNE O.  
 150 N W 68 ST  
 FT LAUDERDALE, FL 33309

**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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COX, ANNE O.
STREET ADDRESS	150 N.W. 68 ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	STD
NAME	BATES, SALLYE O.
STREET ADDRESS	150 NW 68TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	VPD
NAME	COX, PEGGY J.
STREET ADDRESS	150 NW 68TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	AS
NAME	WRIGHT, SHERI C
STREET ADDRESS	150 NW 68TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

150941049  
 01/25/05-60001-001 150.00

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: Anne O Cox      Anne O. Cox, President      1/21/05      (854)772-6363  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #