

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90018 029 \*\*\*150.00

**DOCUMENT # 250609**

1. Entity Name  
**OSBORN CONSTRUCTION ENGINEERS INC**



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

Mailing Address  
**150 N.W. 68 ST.  
FT LAUDERDALE, FL 33309**

2. Principal Place of Business - No P.O. Box #  
**3081 East Commercial Blvd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**3081 East Commercial Blvd.**  
Suite, Apt. #, etc.

04272007 Chg-P CR2E034 (12/06)

City & State  
**Fort Lauderdale, FL**  
Zip  
**33308**

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**Fort Lauderdale, FL**  
Zip  
**33308**

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**

**7. Name and Address of New Registered Agent**

Name  
**D.K. Mink**  
Street Address (P.O. Box Number is Not Acceptable)  
**3081 East Commercial Blvd.**

City  
**Fort Lauderdale, FL** Zip Code  
**33308**

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 **D.K. Mink** DATE **April 27, 2007**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
COX, ANNE O.  
150 N.W. 68 ST.  
FORT LAUDERDALE, FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
BATES, SALLYE O.  
150 NW 68TH STREET  
FORT LAUDERDALE, FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
COX, PEGGY J.  
150 NW 68TH ST  
FORT LAUDERDALE, FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
WRIGHT, SHERI C  
150 NW 68TH ST  
FORT LAUDERDALE, FL 33309** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MINK, D.K.  
3081 East Commercial Blvd.  
Fort Lauderdale, FL 33308** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Livingston, Donna  
3081 East Commercial Blvd.  
Fort Lauderdale, FL 33308** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
Shulmister, M. Ross  
590 SE 12 Street  
Pompano Beach, FL 33060** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **M. Ross Shulmister**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 27, 2007**  
Date

Daytime Phone #