


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # 250609


1. Entity Name
OSBORN CONSTRUCTION ENGINEERS INC



Principal Place of Business Mailing Address

3081 EAST COMMERCIAL BLVD **3081 EAST COMMERCIAL BLVD**
FORT LAUDERDALE, FL 33308 **FORT LAUDERDALE, FL 33308**

DO NOT WRITE IN THIS SPACE



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0941049	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINK, D K
3081 EAST COMMERCIAL BLVD
FORT LAUDERDALE, FL 33308

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, 2008 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	MINK, D K
STREET ADDRESS	3081 E. COMMERCIAL BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	D
NAME	LIVINGSTON, DONNA
STREET ADDRESS	3081 E. COMMERCIAL BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	SD
NAME	SHULMISTER, M R
STREET ADDRESS	590 SE 12 STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

00000867542
04/08/08-80074-021-150.00

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:  **03-20-08** **954-771-1717**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #