


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 285163
 1. Entity Name
OSLO INC



Principal Place of Business 695 S US HWY #1 P O BOX 1208 VERO BCH, FL 32961	Mailing Address 695 S US HWY #1 P O BOX 1208 VERO BCH, FL 32961
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1097317	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
SEXTON, CHARLES R
 695 S US HWY #1
 P O BOX 1208
 VERO BCH, FL 32961

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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 _____ DATE _____
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, 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	D
NAME	SEXTON, CHARLES R
STREET ADDRESS	4990 11TH LANE
CITY-ST-ZIP	VERO BEACH, FL
TITLE	VD
NAME	SEXTON, ROBERT G.
STREET ADDRESS	8055 66TH AVENUE
CITY-ST-ZIP	VERO BEACH, FL
TITLE	STD
NAME	EGAN III, J B
STREET ADDRESS	4631 9TH PLACE
CITY-ST-ZIP	VERO BEACH, FL
TITLE	VD
NAME	SEXTON, CHARLES R. JR.
STREET ADDRESS	4650 17TH STREETE SW
CITY-ST-ZIP	VERO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: J.P. EGAN III 1-10-05 774-362-2101
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #