

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 20, 2006 8:00 am
Secretary of State

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01112006 Chg-P CR2E034 (11/05)

DOCUMENT # 397298 1. Entity Name OSGOOD GROVES, INC.					
Principal Place of Business 16547 MORNINGSDRIVE MONTVERDE, FL 34756			Mailing Address 16547 MORNINGSDRIVE MONTVERDE, FL 34756		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1061046	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OSGOOD, B B 16547 MORNINGSDRIVE MONTVERDE, FL 34756				7. Name and Address of New Registered Agent Name John W. Rodgers Street Address (P.O. Box Number is Not Acceptable) 304 East Colonial Drive City Orlando FL Zip Code 32801	
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 January 17, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSGOOD, B B <input checked="" type="checkbox"/> Delete 16547 MORNINGSDR MONTVERDE, FL 34756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSGOOD, WILLIAM E <input type="checkbox"/> Delete 221 S 6TH STREET WILMINGTON, NC 28401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSGOOD, RICHARD T <input type="checkbox"/> Delete 25 E SANDYPOINT ROAD POQUOSON, VA 23662		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, ESTHER M <input type="checkbox"/> Delete 704 MYRS BLVD MASCOTT, FL 34753		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVENDER, KATHLEEN C <input type="checkbox"/> Delete 1341 PARADISE LANE WINTER PARK, FL 32792		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Esther M. Johnson 1/11/06 (352) 429-9453 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					