

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 397298

FILED
Jan 14, 2008
Secretary of State

Entity Name: OSGOOD GROVES, INC.

Current Principal Place of Business:

304 E. COLONIAL DRIVE
ORLANDO, FL 32801

New Principal Place of Business:

612 E. COLONIAL DRIVE
SUITE 150
ORLANDO, FL 32803

Current Mailing Address:

304 E. COLONIAL DRIVE
ORLANDO, FL 32801

New Mailing Address:

612 E. COLONIAL DRIVE
SUITE 150
ORLANDO, FL 32803

FEI Number: 59-1061046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODGERS, JOHN W
304 EAST COLONIAL DR.
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

RODGERS, JOHN W
612 EAST COLONIAL DR.
SUITE 150
ORLANDO, FL 32803 US

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.

SIGNATURE: _____

01/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: OSGOOD, WILLIAM E
Address: 221 S 6TH STREET
City-St-Zip: WILMINGTON, NC 28401

Title: VPD () Delete
Name: OSGOOD, RICHARD T
Address: 25 E SANDYPOINT ROAD
City-St-Zip: POQUOSON, VA 23662

Title: PD () Delete
Name: JOHNSON, ESTHER M
Address: 704 MYRS BLVD
City-St-Zip: MASCOTT, FL 34753

Title: STD () Delete
Name: LAVENDER, KATHLEEN C
Address: 1341 PARADISE LANE
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: LAVENDER, KATHLEEN C
Address: 405 SPRING PARK DRIVE
City-St-Zip: ANDERSON, SC 29625

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESTHER JOHNSON

PD

01/14/2008

Electronic Signature of Signing Officer or Director

Date