## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 27, 2005 08:00 AM Secretary of State

ANNUAL REPORT			_	Jan 27, 2005 08:00 A			
DOCUMENT # 398659  1. Entity Name VIC OSMAN LINCOLN MERCURY, IN			Se	cretar	y of State		
Principal Place of Business 625 E. NASA BLVD. MELBOURNE, FL 32901-8986	Mailing Address 625 E, NASA BLVD. MELBOURNE, FL 32901-8986				)	17 W 11 2 W	
DO NOT WRITE		CE	01242005 4. FEI Numbe 59-139	No Chg-P	CR2E034		
6. Name and Address of Current Re	egistered Agent					-	
OSMAN, PERRY 285 LANSING ISLAND DRIVE SATTELITE BEACH, FL 32937				NOT W THIS SP			
8. The above named entity submits this statement for t	he purpose of changing its registere	d office or regis	tered agent, or bot	th, in the State of Fid	orida. I am fan	niliar with, and accept	
the obligations of registered agent.	- · · · · · · · · · · · · · · · · · · ·				•	u <del>z</del> t t	
SIGNATURE Signature, typod or printed name of registered agent and	title if applicable. (NOTE, Registered	Agent signature roqui	red when reinstaling)	. Transition	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	Election Campaign Finant     Trust Fund Contribution.		5.00 May Be dded to Fees				
10. OFFICERS AND DI	RECTORS						
NAME OSMAN, PERRY STREET ADDRESS 285 LANSING ISLAND DRIVE CITY-ST-ZIP SATELLITE BEACH, FL 32937	57				- 1 <sup>m</sup> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
TITLE S NAME OSMAN, PAUL STREET ADDRESS 151 LANSING ISLAND DRIVE CITY-ST-ZIP SATELLITE BEACH, FL 32937	·				 80029-02	25 150.00 ·	
TITLE NAME STREET ADDRESS GITY-ST-ZIP			DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN 7	THIS SF	PACE		
TITLE NAME STRICET ADDRESS CITY-ST-ZIP				<del></del>			
TITLE NAME STREET ADDRESS							

12. Thereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05

William William

321725-110