

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 431400

FILED
Apr 26, 2005
Secretary of State

Entity Name: OSCEOLA BROKERAGE COMPANY, INC.

Current Principal Place of Business:

1011 NORTH MAIN
SUITE 6
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

1011 NORTH MAIN
SUITE 6
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 59-1553849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VEAL, BARNEY
1011 N. MAIN
SUITE 6
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: SIERING, MARILYN,
Address: 3505 HARBOR ROAD
City-St-Zip: KISSIMMEE, FL

Title: VD () Delete
Name: VEAL, CAROLE,
Address: 2950 OLD CANOE CREEK RD
City-St-Zip: ST CLOUD, FL 34772

Title: PD () Delete
Name: VEAL, BARNEY,
Address: 2950 OLD CANOE CREEK RD
City-St-Zip: ST CLOUD, FL 34772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: SIERING, MARILYN,
Address: 3505 HARBOR ROAD
City-St-Zip: KISSIMMEE, FL 34746 US

Title: VD (X) Change () Addition
Name: VEAL, CAROLE,
Address: 2950 OLD CANOE CREEK RD
City-St-Zip: ST CLOUD, FL 34772 US

Title: PD (X) Change () Addition
Name: VEAL, BARNEY,
Address: 2950 OLD CANOE CREEK RD
City-St-Zip: ST CLOUD, FL 34772 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARILYN SIERING

STD

04/26/2005

Electronic Signature of Signing Officer or Director

Date