

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90166 002 ***150.00

DOCUMENT # 431400

1. Entity Name
OSCEOLA BROKERAGE COMPANY, INC.



Principal Place of Business
**1011 NORTH MAIN
SUITE 6
KISSIMMEE, FL 34744**

Mailing Address
**1011 NORTH MAIN
SUITE 6
KISSIMMEE, FL 34744**

40026249



2. Principal Place of Business
1100 NORTH MAIN STREET

3. Mailing Address
PO BOX 701323

Suite, Apt. #, etc.
SUITE B

Suite, Apt. #, etc.

02092006 Chg-P CR2E034 (11/05)

City & State
KISSIMMEE FL

City & State
ST. CLOUD FL

4. FEI Number
59-1553849

Applied For
☐ Not Applicable

Zip
34744

Country
USA

Zip
34770

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **RONALD S. HOWSE**

Street Address (P.O. Box Number is Not Acceptable)

1100 NORTH MAIN ST, SUITE B

City **KISSIMMEE**

FL

Zip Code **34744**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **STD** ☒ Delete
NAME **SIERING, MARILYN**
STREET ADDRESS **3505 HARBOR ROAD**
CITY-ST-ZIP **KISSIMMEE, FL 34746**

TITLE **VD** ☒ Delete
NAME **VEAL, CAROLE**
STREET ADDRESS **2950 OLD CANOE CREEK RD**
CITY-ST-ZIP **ST CLOUD, FL 34772**

TITLE **PD** ☒ Delete
NAME **VEAL, BARNEY**
STREET ADDRESS **2950 OLD CANOE CREEK RD**
CITY-ST-ZIP **ST CLOUD, FL 34772**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **RONALD S HOWSE**
STREET ADDRESS **1100 NORTH MAIN ST, SUITE B**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/06

Date

Daytime Phone #

407-343-6007