## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 03, 2004 08:00 AM

DOCUMENT # 602021  1. Entity Name OSBURN, HENNING & COMPANY, C.P.A.'S, PROFESSIONAL ASSOCIATION  Principal Place of Business 617 E COLONIAL DRIVE ORLANDO, FL 32803  Mailing Address 617 E COLONIAL DRIVE ORLANDO, FL 32803  04292004 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For	, , , ARTIOAL EXE	Oiti		7	- Sec	retary	y oi State
BOO NOT WRITE IN THIS SPACE    DO NOT WRITE IN THIS SPACE	1. Entity Name OSBURN, HENNING & COMPANY, C.P.A	'S,				·	
DO NOT WRITE IN THIS SPACE    4. FEI Number   59-1296653   Applied Fro 59-1296653   Not Applied Fo 59-1296653   S. Certificate of Status Dosired   \$8.75 Additional Foe Required	617 E COLONIAL DRIVE 61	7 E COLONIAL DRIVE					
LACY, LONNIE H 617 EAST COLONIAL DRIVE ORLANDO, FL 32803  B. 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 acc the obligations of registered agent.  SIGNATURE Signature, typed or private name of registered agent and side if absticable.  FILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  DATE  9. Election Campaign Financing Trust Fund Contribution.  TRIL  NAME LACY, LONNIE H. SIRET RODRESS 617 E COLONIAL DR ORLANDO, FL  TITLE  VSD NWE PILHORN, RICHARD L SIRET RODRESS 617 E COLONIAL DR ORLANDO, FL TITLE  NAME SIRET ADDRESS 617 E COLONIAL DR ORLANDO, FL TITLE  NAME SIRET ADDRESS 617 E COLONIAL DR ORLANDO, FL TITLE  NAME SIRET ADDRESS GITY-ST-2P ORLANDO, FL 32803  TITLE  NAME SIRET ADDRESS GITY-ST-2P ORLANDO, FL 32803  TITLE  NAME SIRET ADDRESS SIRET ADDRESS GITY-ST-2P ORLANDO, FL 32803  TITLE  NAME SIRET ADDRESS SIRET			CE	04292004 4. FEI Numbe 59-129	No Chg-P er 6653	CR2E034	Applied For Not Applicable
BAT EAST COLONIAL DRIVE ORLANDO, FL 32803  IN THIS SPACE  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 acc the obligations of registered agent.  SIGNATURE    Signau.n., upod or prints name of registered agent and title if anolicible. (NOTE Registered Agent signature required when relentating)    DATE	5. Name and Address of Current Register	ered Agent					
the obligations of registered agent.  SIGNATURE    Signature, typod or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)   DATE	617 EAST COLONIAL DRIVE						
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  TITLE  NAME LACY, LONNIE H. STREET ADDRESS CITY-ST-2IP  NAME STREET ADDRESS CITY-ST-2IP  ORLANDO, FL 32803  TITLE  VDD  NAME STREET ADDRESS CITY-ST-2IP  ORLANDO, FL 32803  DO NOT WRITE INTLE  ITTLE  ITTLE  ITTLE  ITTLE  NAME STREET ADDRESS CITY-ST-2IP  ORLANDO, FL 32803  DO NOT WRITE IN THIS SPACE		irpose of changing its register	ed office or register	red agent, or bo	h, in the State of Flo	orida. I am fan	nillar with, and accept
FILE NOWILI FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  TREE VDT LACY, LONNIE H. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL TITLE VSD NAME PILHORN, RICHARD L STREET ADDRESS 617 E COLONIAL DR CITY-ST-ZIP ORLANDO, FL 32803  TITLE NAME STREET ADDRESS 617 E COLONIAL DR CITY-ST-ZIP ORLANDO, FL 32803  TITLE NAME STREET ADDRESS GITY-ST-ZIP ORLANDO, FL 32803  TITLE NAME STREET ADDRESS GITY-ST-ZIP ORLANDO, FL 32803  TITLE NAME STREET ADDRESS GITY-ST-ZIP ORLANDO, FL 32803	SIGNATURE	od Agent signatura raquirer	d when reinstating)	·:	DATE		
TITLE VDT NAME LACY, LONNIE H. STREET ADDRESS 617 E COLONIAL DR ORLANDO, FL VSD NAME PILHORN, RICHARD L STREET ADDRESS OTY-ST-ZIP ORLANDO, FL 32803  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE NAME TITLE TITLE TITLE TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE  NAME TITLE TITLE  NAME TITLE TITLE  NAME TITLE TITLE  NAME TITLE	After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.			.00 May Be fed to Fees	U0000 05/03/04	0146956 -80087-	002 150.00
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	NAME STREET ADDRESS CITY-ST-ZIP  TITLE						

12. I hereby 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 receive) 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.

CITY-ST-ZIP

SIGNATURE: Though the A COTTON C. FOR HORN

4-29.04

407-896-80Z/