

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # 636595

1. Entity Name
OSPREY IV, INC.



Principal Place of Business
4851 DOLPHIN LANE
FT MYERS BEACH, FL 33931

Mailing Address
4851 DOLPHIN LANE
FT MYERS BEACH, FL 33931



01052008 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1942194

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ACKERT, ROBERT P.
4851 DOLPHIN LANE
FT. MYERS BEACH, FL

**DO NOT WRITE
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 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000776057
01/09/08-80010-001 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ACKERT, PHILIP H
4851 DOLPHIN LANE
FT MYERS BCH, FL 00000.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
ACKERT, MARY LEE
4851 DOLPHIN LANE
FT MYERS BCH, FL 00000.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
ACKERT, ROBERT P
4851 DOLPHIN LANE
FT MYERS BCH, FL 00000.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ACKERT, ROBERT P JR
4851 DOLPHIN LANE
FT MYERS BCH, FL 00000.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHANDLER, LINDSAY A
4851 DOLPHIN LANE
FT MYERS BCH, FL 00000.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Robert P Ackert **ROBERT P ACKERT**

Date

1/5/08

Daytime Phone #

2394635275