

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 636595

FILED  
Jan 08, 2011  
Secretary of State

Entity Name: OSPREY IV, INC.

**Current Principal Place of Business:**

4851 DOLPHIN LANE  
FT MYERS BEACH, FL 33931

**New Principal Place of Business:**

**Current Mailing Address:**

4851 DOLPHIN LANE  
FT MYERS BEACH, FL 33931

**New Mailing Address:**

FEI Number: 59-1942194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ACKERT, ROBERT P.  
4851 DOLPHIN LANE  
FT. MYERS BEACH, FL 33931 US

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

01/08/2011

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ACKERT, PHILIP H  
Address: 4851 DOLPHIN LANE  
City-St-Zip: FT MYERS BCH, FL 00000,

Title: SVD  
Name: ACKERT, MARY LEE  
Address: 4851 DOLPHIN LANE  
City-St-Zip: FT MYERS BCH, FL 00000,

Title: PTD  
Name: ACKERT, ROBERT P  
Address: 4851 DOLPHIN LANE  
City-St-Zip: FT MYERS BCH, FL 00000,

Title: D  
Name: ACKERT, ROBERT P JR  
Address: 4851 DOLPHIN LANE  
City-St-Zip: FT MYERS BCH, FL 00000,

Title: D  
Name: CHANDLER, LINDSAY A  
Address: 4851 DOLPHIN LANE  
City-St-Zip: FT MYERS BCH, FL 00000,

I hereby 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 all other like empowered.

SIGNATURE: ROBERT P ACKERT

Electronic Signature of Signing Officer or Director

PDT

01/08/2011

Date