


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 653343</b> 1. Entity Name <b>ROBERT W. OSBORNE AND COMPANY, P.A.</b>	
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Principal Place of Business <b>1310 W. BUSCH BLVD. TAMPA, FL 33612 US</b>	Mailing Address <b>1310 W BUSCH BLVD TAMPA, FL 33612 US</b>
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03022006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1963964</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>OSBORNE, ROBERT W., SR. 1310 W BUSCH BLVD TAMPA, FL 33612</b>
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**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 reappointing) DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD OSBORNE, ROBERT W. 1310 W BUSCH BLVD TAMPA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVD OSBORNE, RUSSELL W. 1310 W BUSCH BLVD TAMPA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD HORGAN, PAUL T. 1310 W BUSCH BLVD TAMPA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD OSBORNE, ROBERT W. JR 1310 W BUSCH BLVD TAMPA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/17/06-80019-017 150.00

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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 W. Osborne **ROBERT W. OSBORNE** 3/2/06 **(813) 935-2397**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #