

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 17, 2005 8:00 am**  
**Secretary of State**

08-17-2005 90003 034 \*\*\*150.00

**DOCUMENT # 856536**

1. Entity Name  
OSI, INC.



Principal Place of Business

3950 BIRMINGHAM HWY  
P O BOX 5230  
MONTGOMERY, AL 36103-5230

Mailing Address

3950 BIRMINGHAM HWY  
P O BOX 5230  
MONTGOMERY, AL 36103-5230

30006000



08152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

63-0761346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**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**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE VP  
NAME COLBERT, KELLY K  
STREET ADDRESS 3950 BIRMINGHAM HWY  
CITY-ST-ZIP MONTGOMERY, AL 36108

TITLE PD  
NAME MORRISON, WILLIAM  
STREET ADDRESS 3950 BIRMINGHAM HWY  
CITY-ST-ZIP MONTGOMERY, AL

TITLE SDCT  
NAME COOK, JOHNNY L  
STREET ADDRESS 3950 BIRMINGHAM HWY  
CITY-ST-ZIP MONTGOMERY, AL 36108

TITLE VPD  
NAME DOWNS, JOHN G  
STREET ADDRESS 3950 BIRMINGHAM HWY  
CITY-ST-ZIP MONTGOMERY, AL 36108

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:**

*Johnny L. Cook - Sec/Treas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JOHNNY L. COOK

Date

Daytime Phone #

8/15/05 334-493-1790