

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90018 017 ***158.75

DOCUMENT # G93936

1. Entity Name
OSPREY BIOTECHNICS, INC.



Principal Place of Business

1833 A 57TH ST
SARASOTA, FL 34243 US

Mailing Address

1833 A 57TH ST
SARASOTA, FL 34243 US

40049284



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0207976

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLENDENING, LARRICK H.
2834 AVE. C WEST
BRADENTON, FL 34205

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRM GLENDENING, LARRICK H 2834 AVE C WEST BRADENTON, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLENDENING, BETTY S. 2834 AVE. C WEST BRADENTON, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SCUILLA, VINCENT 4356 KINGSTON LOOP SARASOTA, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VANDENBERGH, PETER 4414 MEADOWCREEK CIRCLE SARASOTA, FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DANIELSON, LAUREEN 2005 SE 32ND STREET OCALA, FL 34471	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Vincent Sculla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/07

Date

941-351-2200

Daytime Phone #