

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90192 038 ***150.00

DOCUMENT # H10105

1. Entity Name
OSBURN, HENNING PROPERTIES, INC.



Principal Place of Business
% MERVIN D. HENNING
617 EAST COLONIAL DRIVE
ORLANDO, FL 32803

Mailing Address
% MERVIN D. HENNING
617 EAST COLONIAL DRIVE
ORLANDO, FL 32803



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2434885

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PILHORN, RICHARD L
617 EAST COLONIAL DRIVE
ORLANDO, FL 32803

**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 _____ (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

TITLE D
NAME PILHORN, RICHARD L
STREET ADDRESS 617 EAST COLONIAL DRIVE
CITY-ST-ZIP ORLANDO, FL 32803

TITLE TD
NAME HENNING, MERVIN D.
STREET ADDRESS ~~617 EAST COLONIAL DRIVE~~ 1100 S ORLANDO AVE #778
CITY-ST-ZIP ORLANDO, FL MAITLAND, FL 32751

TITLE D
NAME WOODALL, ROBERT G.
STREET ADDRESS 4936 S GRANVE AVE ORANGE AVE
CITY-ST-ZIP ORLANDO, FL 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: M D Henning, Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/07
Date

407-538-2870
Daytime Phone #

M D HENNING