

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90039 017 ***150.00

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01082007 Chg-P CR2E034 (12/06)

DOCUMENT # H26618 1. Entity Name L. SAM OSBORNE, INC.			
Principal Place of Business % LESLIE SAMUEL OSBORNE 4091 "121ST" TERRACE NORTH ROYAL PALM BEACH, FL 33411		Mailing Address % LESLIE SAMUEL OSBORNE 4091 "121ST" TERRACE NORTH ROYAL PALM BEACH, FL 33411	
2. Principal Place of Business - No P.O. Box # 19988 NW 123 RD COURT Suite, Apt. #, etc.		3. Mailing Address 19988 NW 123RD COURT Suite, Apt. #, etc.	
City & State MICANOPY, FLORIDA Zip 32667 Country USA		City & State MICANOPY, FLORIDA Zip 32667 Country USA	
4. FEI Number 59-2459812		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OSBORNE, LESLIE SAMUEL 4091 "121ST" TERRACE NORTH ROYAL PALM BEACH, FL 33411		7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/> \$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	DPT OSBORNE, L. SAMUEL 4091 "121ST" TERR. NORTH ROYAL PALM BCH., FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT OSBORNE, L. SAMUEL 19988 NW 123RD COURT MICANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD OSBORNE, JULIE S. 4091 121ST TERR., NORTH ROYAL PALM BCH., FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD OSBORNE, JULIE S. 19988 NW 123RD COURT MICANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Julie S. Osborne</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1/10/07</u> Daytime Phone #: <u>352-363-0352</u>	