


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H26618</b> 1. Entity Name <b>L. SAM OSBORNE, INC.</b>	
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Principal Place of Business <b>19988 NW 123 RD COURT MICANOPY, FL 32667</b>	Mailing Address <b>19988 NW 123RD COURT MICANOPY, FL 32667</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01072008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2459812</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>OSBORNE, LESLIE SAMUEL 4081 "4216T" TERRACE NORTH ROYAL PALM BEACH, FL 33444 19988 NW 123 RD COURT MICANOPY, FL 32667</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT OSBORNE, L. SAMUEL 19988 NW 123RD COURT MICANOPY, FL 32667</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD OSBORNE, JULIE S. 19988 NW 123RD COURT MICANOPY, FL 32667</b>
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<p>1000000951856 06/04/08-80054-011 550.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:** Julie S. Osborne **JULIE S. OSBORNE** 5/19/08 352-363-0352  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #