

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # J26553

1. Entity Name
OSPREY OF NAPLES, INC.



Principal Place of Business
1200 5TH AVE. S.
NAPLES, FL 34102 US

Mailing Address
1200 5TH AVE. S.
NAPLES, FL 34102 US



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2743397

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARSDEN, MARIA
82 VALLEYSTREAM CIRCLE
NAPLES, FL 34113

**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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000918529
05/13/08-80086-009 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME MARSDEN, MARIA
STREET ADDRESS 82 VALLEY STREAM CIRCLE
CITY-ST-ZIP NAPLES, FL 34113

TITLE V
NAME MARSDEN, RON
STREET ADDRESS 82 VALLEY STREAM CIRCLE
CITY-ST-ZIP NAPLES, FL 34113

TITLE S
NAME HOOLEY, JOHN
STREET ADDRESS 2600 AIRPORT RD.
CITY-ST-ZIP NAPLES, FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 08

Date

239-263-9015

Daytime Phone #