

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J73171</b> 1. Entity Name OSPREY POINT CORPORATION			
Principal Place of Business % W. GLENN DEMPSEY 505 SOUTH FLAGLER DRIVE, SUITE 1330 PALM BEACH, FL 33401		Mailing Address % W. GLENN DEMPSEY 505 SOUTH FLAGLER DRIVE, SUITE 1330 PALM BEACH, FL 33401	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01082004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2470885	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  DEMPSEY, W. GLENN 505 SOUTH FLAGLER DRIVE SUITE 1330 PALM BEACH, FL 33401		<b>DO NOT WRITE IN THIS SPACE</b>	
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, 2004 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		<b>DO NOT WRITE IN THIS SPACE</b>  U00000001947 01/12/04-80032-014 150.00	
TITLE	PTD		
NAME	DEMPSEY, W. GLENN		
STREET ADDRESS	505 S. FLAGLER DR.,#1330		
CITY-ST-ZIP	W. PALM BEACH, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		1/8/04 (561) 655-8980	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	