2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M89955

1. Entity Name
OSCEOLA MARKET PLACE, INC.

Principal Place of Business	Mailing Address
2801 E. IRLO BRONSON HWY KISSIMMEE, FL 34744	2801 E. IRLO BRONSON HWY KISSIMMEE, FL 34744

02212006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2898767

Applied For
Not Applicable

5. Certificate of Status Desired X **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUONAURD, FRANK A., JR.
24 PINE STREET
WINDERMERE, FL 34786

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000448020
03/08/06-80080-006 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BUONAURD, FRANK A., JR
STREET ADDRESS	2801 E. IRLO BRONSON HWY
CITY-ST-ZIP	KISSIMMEE, FL
TITLE	D
NAME	SOBIN, HOWARD
STREET ADDRESS	3165 MCCRORY PLACE SUITE 151
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	SHAMS, MAURICE
STREET ADDRESS	111 N ORANGE AVENUE SUITE 900
CITY-ST-ZIP	ORLANDO, FL
TITLE	TSD
NAME	BUONAURO, JUDITH V.
STREET ADDRESS	2801 E IRLO-BRONSON HWY
CITY-ST-ZIP	KISSIMMEE, FL
TITLE	D
NAME	BORNS, LAWRENCE W.
STREET ADDRESS	412 N HALIFAX AVE.
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	D
NAME	FRAZIER, TREMBLAY
STREET ADDRESS	11041 BEACH BLVD
CITY-ST-ZIP	JACKSONVILLE, FL

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2-22-06 407 876-3595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #