


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90006 035 \*\*\*158.75

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<b>DOCUMENT # M89955</b> 1. Entity Name OSCEOLA MARKET PLACE, INC.	
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Principal Place of Business 2801 E. IRLO BRONSON HWY KISSIMMEE, FL 34744	Mailing Address 2801 E. IRLO BRONSON HWY KISSIMMEE, FL 34744
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66006695



03062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2898767	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BUONAURD, FRANK A., JR. 24 PINE STREET WINDERMERE, FL 34786	<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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUONAURD, FRANK A., JR 2801 E. IRLO BRONSON HWY KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOBIN, HOWARD 3185 MCCRORY PLACE SUITE 151 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAMS, MAURICE 111 N ORANGE AVENUE SUITE 900 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BUONAURO, JUDITH V. 2801 E IRLO-BRONSON HWY KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORN, LAWRENCE W. 412 N HALIFAX AVE. DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZIER, TREMBLAY 11041 BEACH BLVD JACKSONVILLE, FL

**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: <i>Frank A. Buonauro, Jr.</i>	4-9-08	407-876-3595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		