

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000722

FILED  
Feb 17, 2006  
Secretary of State

Entity Name: OSCEOLA LEGISLATIVE EFFORT, INC.

**Current Principal Place of Business:**

1425 E. VINE ST.  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

1425 E. VINE ST.  
KISSIMMEE, FL 34744

**New Mailing Address:**

FEI Number: 90-0036319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HORNER, MIKE  
1425 E. VINE ST.  
KISSIMMEE, FL 34744 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CH ( ) Delete  
Name: MUSE, BLAINE  
Address: 817 BILL BECK BLVD.  
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete  
Name: KASKEY, PAUL  
Address: 1300 9TH STREET  
City-St-Zip: SAINT CLOUD, FL 34769

Title: D ( ) Delete  
Name: DURBIN, MARK  
Address: 101 N. CHURCH ST.  
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete  
Name: HUNZEKER, ED  
Address: 1 COURTHOUSE SQUARE #4700  
City-St-Zip: KISSIMMEE, FL 34741

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK DURBIN

D

02/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date