

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010142

FILED
Apr 04, 2005
Secretary of State

Entity Name: OSPREY OARS, INC.

Current Principal Place of Business:

2901 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

2901 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 20-0418295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE MANIO, PETER M
2901 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239 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: D () Delete
Name: DE MANIO, PETER M
Address: 3101 LAKE PARK LANE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: PLIFKA, BILL
Address: 2708 BIGELOW DR.
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: TURFFS, ROBERT E
Address: 8889 FISHERMAN'S BAY DR.
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: CRAMER, THOMAS R
Address: 800 SOUTH OSPREY AVE.
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: KING, JOANMARIE L
Address: 4843 STONE RIDGE TRAIL
City-St-Zip: SARASOTA, FL 34232

Title: VP () Delete
Name: DE MANIO, ELIZABETH C
Address: 3101 LAKE PARK LN
City-St-Zip: SARASOTA, FL 34231

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
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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 Section 119.07(3)(i), 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: PETER M DEMANIO

PRES

04/04/2005

Electronic Signature of Signing Officer or Director

Date