

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED

**May 11, 2006 8:00 am
Secretary of State**

04-24-2006 90422 011 ****61.25



1st MOORE CR2E037 (10/05)

DOCUMENT # N05000000559				
1. Entity Name OSCEOLA BUSINESS REFERRAL SERVICE, INC.				
Principal Place of Business		Mailing Address		
1134 NEW YORK AVENUE ST. CLOUD FL 34769-3782 US		1134 NEW YORK AVENUE ST. CLOUD FL 34769-3782 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
-6. Name and Address of Current Registered Agent HEMPHILL, JAMES C 1134 NEW YORK AVENUE ST. CLOUD FL 34769-3782		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>				
FILE NOW, FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWES, STEVE 1134 NEW YORK AVENUE ST. CLOUD FL 34769-3782	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Rayelyne Webster 1401 Beringer Ave St Cloud, FL 34769</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LONDEREE, WILLIAM 1134 NEW YORK AVENUE ST. CLOUD FL 34769-3782	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Les Murdoch 1138 New York Ave St. Cloud FL 34769</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRYE, HEATHER 1134 NEW YORK AVENUE ST. CLOUD FL 34769-3782	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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>James V. Webster</i>		<i>04-11-06</i>		
<small>SIGNATURE AND/TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <small>Daytime Phone #</small>		