

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011053

FILED
Apr 23, 2006
Secretary of State

Entity Name: O S N INC.

Current Principal Place of Business:

12610 HWY 129 S
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

12610 HWY 129 S
LIVE OAK, FL 32060

New Mailing Address:

P O BOX 23
MCALPIN, FL 32062

FEI Number: 20-3716433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASCOUGH, JUDY
12610 HWY 129 S
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

ASCOUGH, JUDY
12610 HWY 129 S
P O BOX 23
MCALPIN, FL 32062 US

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:

04/23/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS () Change (X) Addition
Name: ASCOUGH, JUDY E MS.
Address: P O BOX 23
City-St-Zip: MCALPIN, FL 32062

Title: MR. () Change (X) Addition
Name: ASCOUGH, WILSON L MR.
Address: P O BOX 23
City-St-Zip: MCALPIN, FL 32062

Title: MR. () Change (X) Addition
Name: ASCOUGH, JAMES
Address: P O BOX 23
City-St-Zip: MCALPIN, FL 32062

Title: MR. () Change (X) Addition
Name: ASCOUGH, MICHAEL
Address: P O BOX 23
City-St-Zip: MCALPIN, FL 32062

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: JUDY ASCOUGH

MS.

04/23/2006

Electronic Signature of Signing Officer or Director

Date