

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000784

FILED  
May 18, 2009  
Secretary of State

Entity Name: OSNA, INC.

## Current Principal Place of Business:

1835 SECOND AVE SOUTH  
SAINT PETERSBURG, FL 33705 US

## New Principal Place of Business:

125 24TH AVE SE  
SAINT PETERSBURG, FL 33705 US

## Current Mailing Address:

POST OFFICE BOX 1858  
SAINT PETERSBURG, FL 33731 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

IRVIN, JIM  
101 19TH AVE SE  
SAINT PETERSBURG, FL 33705 US

## Name and Address of New Registered Agent:

DURFEE, SCOTT  
215 22ND AVE S  
SAINT PETERSBURG, FL 33705 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: SCOTT DURFEE

05/18/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: IRVIN, JIM  
Address: 101 19TH AVE SE  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: T ( ) Delete  
Name: DEGGANS, BARBARA  
Address: 1835 2ND ST S  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: S ( ) Delete  
Name: KINGDON, BRENDA  
Address: 2001 BEACH DR SE  
City-St-Zip: SAINT PETERSBURG, FL 33705

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: WATSON, STEVE  
Address: 125 24TH AVE SE  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: VP (X) Change ( ) Addition  
Name: BEAN, JERRY  
Address: 225 19TH AVE SE  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: TRES (X) Change ( ) Addition  
Name: DURFEE, SCOTT  
Address: 215 22ND AVE S  
City-St-Zip: SAINT PETERSBURG, FL 33705

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT DURFEE

T

05/18/2009

Electronic Signature of Signing Officer or Director

Date