2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000005154



FILED Apr 10, 2008 8:00 am Secretary of State 04-10-2008 90014 030 ****61.25

CF WEST INC.	LAKE C	CORPORATE CENT	TER AS	SOCIATION,									
360 CENTRAL AVENUE 360 SUITE 1570/ SUITE 1570/			360 C - SUITE	Mailing Address 360 CENTRAL AVENUE SUITE 15701 ST. PETERSBURG, FL 33701				-)		REIDI BAIEI MA	11 17111 181	
2. Principal P	lace of Busir	ness - No P.O. Box #	3. Mailir	ng Address									
Suite, Apt.	#, etc.			e, Apt. #, etc.				02122008	Chg-NP	CR	2E037 (1	2/06)	
City & State	9		City	& State				4. FEI Number 59-354				 	plied For t Applicable
Zip		Country	Zip		Cou	ntry		5. Certificate	of Status Desire	d [75 Add Required	litional
	6. Name	and Address of Current F	Registered	l Agent				7. Name and	Address of Ne	w Registe		•	
OSPREY N	MANAGEI	MENT COMPANY				Name							ļ
360 CENT	RAL AVE				Street Address (P.O. Box Number is Not Acceptable)								
ST. PETER	RSBURG,	FL 33701											
						City					FL ²	Zip Code	9
		ty submits this statement for tered agent.	the purpo	se of changing its r	egistere	d office o	r register	ed agent, or bo	th, in the State of	f Florida.	I am famili	iar with,	and accept
_		•											
SIGNATURE .	Signature, typed	d or printed name of registered agent a	and little if appli	cable. (NOTE:	Registered	d Ageni signal	lure required	when reinstating)			DATE		
	_	ee is \$61.25 May 1, 2008		9. Election Cam Trust Fund Co		_		\$5.00 May E Added to Fees	le F		check par Jepartmei		
10.	Due by I		RECTORS	Trust Fund Co		_	- /	Added to Fees	F ANGES TO OFF	lorida D	epartmei	nt of St	ate
TITLE	PD PD	May 1, 2008 OFFICERS AND DIR	RECTORS		11.	on.	PD	Added to Fees	ANGES TO OFF	lorida D	epartmei	nt of St	ate
	PD STROUD	May 1, 2008		Trust Fund Co	11. TITLE	on.	PD Jasi	Added to Fees ADDITIONS/CH	ANGES TO OFF	Iorida D ICERS AN	epartmei	nt of St CORS IN	ate 10
TITLE NAME	PD STROUD 360 CEN	OFFICERS AND DIR		Trust Fund Co	11. TITLE NAME STREE	an.	PD JASI	Added to Fees ADDITIONS/CH ON B B10 OGRAND	ANGES TO OFF	Iorida D ICERS AN	epartmei	nt of St CORS IN	ate 10
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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:	LyaceBatchler	LYNETTE BATCHELER	4/7/08	941.342.1688
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #