## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000015908

Entity Name: OSPREY ELECTRIC, INC.

FILED Jul 16, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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241583 CR121 HILLIARD, FL 32046

Current Mailing Address: New Mailing Address:

PO BOX 1351 HILLIARD, FL 32046

FEI Number: 59-3617625 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WHITTLE, FRANK S

P.O. BOX 1351

HILLIARD, FL 32046

WHITTLE, PATRICIA J

29131 ST MARYS CIRCLE

HILLIARD, FL 32046

US

WHITTLE, PATRICIA J

29131 ST MARYS CIRCLE

HILLIARD, FL 32046

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: PATRICIA J WHITTLE 07/16/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: WHITTLE, FRANK S Name: WHITTLE, PATRICIA J

 Address:
 PO BOX 1351
 Address:
 PO BOX 1351

 City-St-Zip:
 HILLIARD, FL 32046
 City-St-Zip:
 HILLIARD, FL 32046

Title: VSD (X) Delete Title: ( ) Change ( ) Addition Name: WHITTLE, PATRICIA J Name:

Address: PO BOX 1351 Address:
City-St-Zip: HILLIARD, FL 32046 City-St-Zip:

Title: TD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 REWIS, BILLY C
 Name:

 Address:
 37263 TOM BROWN ROAD
 Address:

 City-St-Zip:
 HILLIARD, FL 32046
 City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA J WHITTLE PD 07/16/2007