

**2006.FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000050487

1. Entity Name
OSBORN TRUCKING, INC.



Principal Place of Business
5103 WHEATLEY COURT
BOYNTON BEACH, FL 33436

Mailing Address
P O BOX 191
BOCA RATON, FL 33429

DO NOT WRITE IN THIS SPACE



02072006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1012331

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLLOCK, KENNETH S
2400 E. COMMERCIAL BLVD., SUITE 517
FT. LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OSBORN, MEARL
5103 WHEATLEY COURT
BOYNTON BEACH, FL 33436

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

1111000441304
03/03/06 00031-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mearl Osborn

Mearl Osborn

2-16-06

561 662 8945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #