## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P00000050487

1. Entity Name

OSBORN TRUCKING, INC.



FILED Feb 22, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

5103 WHEATLEY COURT BOYNTON BEACH, FL 33436 P O BOX 191

BOCA RATON, FL 33429



01192007

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

DO NOT WRITE IN THIS SPACE

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

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the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title	if applicable (NOTE Registered Agent signal	ture required when reinstating)	DATÉ
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	000000642603 03/01/07-80049-007 150.00
10 OFFICERS AND DIREC	CTORS		

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 Fiorida. I am familiar with, and accept

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORN, MEARL 5103 WHEATLEY COURT BOYNTON BEACH, FL 33436
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	
12. I hereby	certify that the information supplied with this filling does not qualify for the ex-

## DO NOT WRITE 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 addressy with all otherwise empowered.

SIGNATURE:

Mean Osbor

Mearl Osborn

2/20/07

561 662 8945

Date

Daytime Phone #