


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90178 034 ***150.00

DOCUMENT # P02000017642 1. Entity Name REBECCA OSLEGER, P.A.			
Principal Place of Business 512 PINESONG DR. CASSELBERRT, FL 32707 <div style="text-align: center;">↑</div>		Mailing Address 512 PINESONG DR. CASSELBERRT, FL 32707 <div style="text-align: center;">↑</div>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Casselberry, FL Zip Country		City & State Casselberry FL Zip Country	
4. FEI Number 80-0036936		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OSLEGER, REBECCA A 512 PINESONG DR. CASSELBERRT, FL 32707 <div style="text-align: center;">↑</div>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Casselberry FL Zip Code	
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST OSLEGER, REBECCA 512 PINESONG DR. CASSELBERRT, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Rebecca Osleger P.A.</i> Rebecca Osleger 4/22/04 407-699-9448 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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