
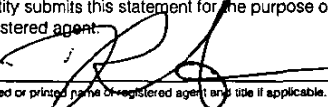
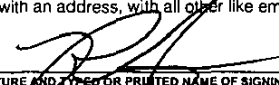


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90166 001 ***150.00

DOCUMENT # P02000051132 1. Entity Name OSCEOLA REALTY & DEVELOPMENT, INC.					
Principal Place of Business 1011 N. MAIN STREET SUITE 6 KISSIMMEE, FL 34744			Mailing Address 1011 N. MAIN STREET SUITE 6 KISSIMMEE, FL 34744		
2. Principal Place of Business 1100 NORTH MAIN ST		3. Mailing Address PO BOX 701323			
Suite, Apt. #, etc. SUITE B		Suite, Apt. #, etc. 			
City & State KISSIMMEE FL		City & State ST CLOUD FL		4. FEI Number 72-1524790	
Zip 34744		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34770		Country USA		02092006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent VEAL, BARNEY 1011 N. MAIN STREET SUITE 6 KISSIMMEE, FL 34744				7. Name and Address of New Registered Agent Name RONALD S. HOWSE Street Address (P.O. Box Number is Not Acceptable) 1100 NORTH MAIN ST, SUITE B City KISSIMMEE FL Zip Code 34744	
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:  DATE: 2/20/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD VEAL, BARNEY 2950 OLD CANOE CREEK ROAD ST. CLOUD, FL 34772	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RONALD S HOWSE 1100 N MAIN ST, STE B KISSIMMEE FL 34744	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VEAL, CAROLE 2950 OLD CANOE CREEK ROAD ST. CLOUD, FL 34772	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIERING, MARILYN 3505 HARBOR ROAD KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			2/20/06 407-343-6007		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		