

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 15, 2004 8:00 am**  
**Secretary of State**

8/21

08-26-2004 90002 002 \*\*\*150.00

<b>DOCUMENT # P02000077754</b> 1. Entity Name <b>OSLEY, INC.</b>																																									
Principal Place of Business <b>710 E ELM STREET HARBOR CLUB TAMPA FL 33604</b>			Mailing Address <b>P O BOX 11063 TAMPA FL 33680</b>																																						
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																							
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>33-1013750</b> Applied For <input type="checkbox"/> Not Applicable																																					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">66433693</div> <div style="margin-top: 10px;"> <b>MOORE      CR2E034 (4/04)</b> </div>																																					
6. Name and Address of Current Registered Agent  <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <b>JEFFREY D DOWD PA 550 N REO STREET STE 302 TAMPA FL 33609</b> </div>																																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>																																									
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 8, 2004</b> <b>Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		9. Election Campaign Financing <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution. <input type="checkbox"/>																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 40%; padding: 2px;"> <b>PTD OSLEY, SARAH E 710 E ELM STREET TAMPA FL 33604</b> </td> <td style="width: 30%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> <b>VSD GUYTON, LINDA 710 E ELM STREET TAMPA FL 33604</b> </td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td></tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 40%; padding: 2px;"> </td> <td style="width: 30%; padding: 2px; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> </table> </div> </div>						TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD OSLEY, SARAH E 710 E ELM STREET TAMPA FL 33604</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD GUYTON, LINDA 710 E ELM STREET TAMPA FL 33604</b>	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<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)(l), 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.  <b>SIGNATURE:</b> <u><i>Sarah Osley</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>																																									

Attachment  
66433693

Division Of Corporation  
P.O. Box 6327  
Tallahassee, FL. 32314


September 9, 2004

RE: Osley, Inc.  
#P02000077754

Dear Sir:

Please be advised that Osley, Inc. mailing address changed. We did not receive the initial annual notice. Therefore, we are asking that you waive any additional fees at this time.

Respectfully,

  
Sara Osley  
President