2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000004168

Entity Name

OSBORN LANDSCAPING, INC.



FILED Feb 11, 2005 08:00 AM Secretary of State

Principal Place of Business

10418 OLIVER LN

ROYAL PALM BEACH, FL 33411

Mailing Address

10418 OLIVER LN

ROYAL PALM BEACH, FL 33411



01212005

No Chg-P

CR2E034 (10/03)

4. FEI Number 06-1672771 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

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

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, 2005 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	CTORS	1/11	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OSBORN, RICHARD SR 10418 OLIVER LN ROYAL PALM BEACH, FL 33411			H00000225057 - 02/11/05-80017-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OSBORN, RICHARD JR 10418 OLIVER LN ROYAL PALM BEACH, FL 33411		•	- OCT 11:00 0001: DET 100:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN 	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 it made under oath; that I am an officer or director				

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

PICHARD B. OSBORN

2/8/05

561-793-161

Daytime Phone #