

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Feb 09, 2004 8:00 am  
Secretary of State**

02-09-2004 90034 021 \*\*\*158.75

<b>DOCUMENT # P03000008102</b>	
1. Entity Name <b>OSB CONSTRUCTION, INC.</b>	



Principal Place of Business <b>300 31ST. STREET NORTH SUITE 208 E. ST. PETERSBURG, FL 33713 US</b>	Mailing Address <b>300 31ST. STREET NORTH SUITE 208 E. ST. PETERSBURG, FL 33713 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01052004 Chg-P CR2E034 (10/03)

4. FEI Number <b>74-3077349</b>	Applied For <input checked="" type="checkbox"/>
	Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

VERNIMO, SHAWN L 300 31ST STREET NORTH SUITE 20 ST. PETERSBURG, FL 33713
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7. Name and Address of New Registered Agent

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.
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SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

1/5/03  
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
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TURZAK, OLIVER J 300 31ST. STREET NORTH, SUITE 208 E ST. PETERSBURG, FL 33713

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VERNIMO, SHAWN L 300 31ST. STREET NORTH, SUITE 208 E ST. PETERSBURG, FL 33713
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BENNETT, JAMES E. 300 31ST. STREET NORTH, SUITE 208 E ST. PETERSBURG, FL 33713
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/03  
Date

Daytime Phone #