2007 FOR PROFIT CORPORATION ANNUAL REPORT.(AR)

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	MITITUML N	ELGUI-MU	<u> </u>			 _		LILL		
DOCUMENT # P04000011308 1. Entity Name							Aug 02, 2007 08:00 A Secretary of State			
OSBORN	& OSBORN, INC.						56	cretary or	State	
Procinal Pla	ce of Business	Mailing Address								
· ·	ID LAKE LN	P.O. BOX 6335								
LAKELAND FL 33813 LAKELAND FL 33807-6335			335		-					
US 27					K					
2. Principal	Place of Business - No P.O. Box #	3. Mailing Address				IIII				
7051 Fright Lake LA P.O Box (033)										
Suite, Apt. #, etc. Suite, Apt. #, etc.						2	nd MOORE	CR2E034 (4/07)		
1 2 2 2					/_					
City & Sta	FI.	City & State			/	4. FEI Numi	^{per} 77-0620781		hpplied For	
ZIPA		Zp	Coun	dry				\$8.75 A	lot Applicable	
^{Zip} 33>	13 folk	33807	Cour	k		5. Certificat	e of Status Desired	Fee Requir		
	6. Name and Address of Current F	Registered Agent		Name		7. Name an	d Address of New F	legistered Agent		
OSBORN, LOREN							·			
7051 ISLAND LAKE LN LAKELAND FL 33813				Street Address (P O. Box Number is Not Acceptable)						
					City 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									ı, and accept	
the obligations of registered agent.										
SIGNATURE COLOR C GABUNA Signature, typed or printed name of registered agent and talle if applicable (NOTE Registered Agent applicable required when rematating) OATE										
FILE NOW!!! FEE IS \$550,00 S 607.193(2)(b), F.S., allows to							9. Election Campa	nian Financian &E	00	
DUE BY September 5, 2007 late fee. By checking this Make Check Payable to Florida Department of State did not receive prior no							Trust Fund Con		.00 May Be ted to Fees	
				ce ree to	me is \$ i		10.111.055.50			
TIRLE	P OFFICERS AND E	Delete	11. Deleta Milli			ADDITIONS	TCHANGES TO OFF	ICERS AND DIRECTOR Change	AS IN 11	
NAME	OSBORN, LOREN		1	NAME						
STREET ADDRESS			STRE			U00000771193 08/02/07-80002-001 558.75		70		
CUTY-ST ZIP	LAKELAND FL 33813		CITY			00102101-00002-001-050		. (0		
THILE	VP	☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS	OSBORN, VIRGIL 915 WINDSOR ST		NAM	E Et address						
CITY - ST - ZIP	LAKELAND FL 33803		•	- ST- ZIP						
TITLE		☐ Delete	TATLE	:				☐ Change	☐ <u>Addition</u>	
NAME			NAME	: '-			* · · · · · · · · · · · · · · · · · · ·		—.——	
STREET ADDRESS CITY-ST-ZIP	WARRY		1	ET ADDRESS						
		-	1	-ST-ZIP					<u> </u>	
TITLE NAME		☐ Defete	_i Delete I⊓LE NAME					☐ Change	☐ Addition	
STREET ADORESS	s		1	STREET ADDRESS						
CATY-ST-ZAP			ÇITY-	-ST - ZIP						
TITLE	☐ Delete		Title .					☐ Change	Addition	
NAME	LADDIEC		NAME							
STREET ADDRESS CITY-ST-ZIP				REFT ADDRESS Y-ST-ZIP						
TITLE		□ n-t	INTLE					FTI Channe	- Assistan	
NAME		☐ Delete	NAME	1				Change	Addition	
STREET ADDRESS			1	T ADDRESS						
CITY-ST-ZIP		=	CITY-	ST-ZIP						
12. I hereby	certify that the information supplied with on this report or supplemental report is t	this filing does not quality for	the ex	emptions c	ontained	in Chapter 1	9, Florida Statules.	further certify that the	information	

indicated or his report in a 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 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 AND TYPED OR PRINTED NAME OF SIGNENG OFFICER OR DIRECTOR

12/21/02 (863) 4/2-1309 Daylor Phone #