

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90019 020 \*\*\*150.00

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05092005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000049877</b> 1. Entity Name <b>OSCEOLA REAL ESTATE CORPORATION</b>			
Principal Place of Business <b>314 S MISSOURI AVENUE SUITE 302 CLEARWATER, FL 33756</b>		Mailing Address <b>314 S MISSOURI AVENUE SUITE 302 CLEARWATER, FL 33756</b>	
2. Principal Place of Business <b>413 Cleveland St.</b>		3. Mailing Address <b>413 Cleveland St.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Clearwater, FL</b>		City & State <b>Clearwater, FL</b>	
Zip <b>33755</b> Country <b>USA</b>		Zip <b>33755</b> Country <b>USA</b>	
4. FEI Number <b>20-3132878</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KERR, DAVID L 300 N. OSCEOLA AVENUE 5-C CLEARWATER, FL 33755</b>		7. Name and Address of New Registered Agent -Name <b>David Kerr</b> Street Address (B.O. Box Number is Not Acceptable) <b>413 Cleveland St.</b> City <b>Clearwater, FL</b> Zip Code <b>33755</b>	
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 <u><i>David L. Kerr</i></u> DATE <u>7/1/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KERR, DAVID L 314 S MISSOURI AVENUE #302 CLEARWATER, FL 33756	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KERR, ANDREA M 314 S MISSOURI AVENUE #302 CLEARWATER, FL 33756	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TANNER, CRYSTAL V 314 S MISSOURI AVENUE #302 CLEARWATER, FL 33756	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KERR, David L. 413 Cleveland St. Clearwater, FL 33755	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KERR, Andrea M 413 Cleveland St Clearwater, FL 33755	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tanner, Crystal V 413 Cleveland St. Clearwater, FL 33755	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KERR, David L. 413 Cleveland St. Clearwater, FL 33755	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KERR, Andrea M 413 Cleveland St Clearwater, FL 33755	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>David L. Kerr</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>7/1/05</u> 727-466-6697 <small>Daytime Phone #</small>	