

1. Entity Name  
OSEN, INC.

P04000111991



**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90006 042 \*\*\*150.00

Principal Place of Business  
6481 CYPRESS SPRINGS PARKWAY  
PORT ORANGE, FL 32128

Mailing Address  
6481 CYPRESS SPRINGS PARKWAY  
PORT ORANGE, FL 32128

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-149-7622

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNEDY, MICHAEL R  
444 SEABREEZE BOULEVARD  
SUITE 1001  
DAYTONA BEACH, FL 32118

Name  
DON BELL

Street Address (P.O. Box Number is Not Acceptable)

6481 CYPRESS SPRINGS PWY

City  
PORT ORANGE FL

Zip Code  
32128

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**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CARPENTER, JUDITH A  
6481 CYPRESS SPRINGS PARKWAY  
PORT ORANGE, FL 32128 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
DON BELL  
6481 CYPRESS SPRINGS PARKWAY  
PORT ORANGE, FL 32128 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
BELL, MARIANNE S  
6481 CYPRESS SPRINGS PARKWAY  
PORT ORANGE, FL 32128 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
WILLIAM CARPENTER  
6499 LONGLAKE DR.  
PORT ORANGE, FL 32128 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SEC  
CARPENTER, JUDITH A  
6481 CYPRESS SPRINGS PARKWAY  
PORT ORANGE, FL 32128 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECY  
WILLIAM CARPENTER  
6499 LONGLAKE DR.  
PORT ORANGE, FL 32128 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TRES  
BELL, MARIANNE S  
6481 CYPRESS SPRINGS PARKWAY  
PORT ORANGE, FL 32128 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREAS.  
DON BELL  
6481 CYPRESS SPRINGS PARKWAY  
PORT ORANGE, FL 32128 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM CARPENTER 1/12/05 386 767-8029