


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2006 8:00 am**  
**Secretary of State**

09-07-2006 90013 024 \*\*\*163.75

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # P05000063837</b><br>1. Entity Name<br><b>GREGORY OSCEOLA BUILDING COMPANY, INC.</b>  |  |  |   |   |  |
| Principal Place of Business<br><b>6341 NW 34TH STREET<br/>HOLLYWOOD, FL 33024</b>  |  |  | Mailing Address<br><b>6341 NW 34TH STREET<br/>HOLLYWOOD, FL 33024</b> |  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |  |  |
| City & State   |  | City & State   |   |  |  |
| Zip  | Country  | Zip  | Country   |  |  |
| 6. Name and Address of Current Registered Agent  |  |  |   | 7. Name and Address of New Registered Agent  |  |
| <b>ELLIOTT, HERBERT<br/>623 E TARPON AVE<br/>TARPON SPRINGS, FL 34689</b>  |  |  |   | Name <b>Jack Wylie</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>24318 US. Highway 19 N.</b><br>City <b>Clearwater</b> FL <b>34667</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.<br>SIGNATURE <b>Jack Wylie</b> <b>Jack Wylie</b> <b>9/5/06</b><br><small>Signature, typed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>  |  |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 6, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |   | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice.  |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DPST<br/>OSCEOLA, GREGORY A<br/>6341 NW 34TH STREET<br/>HOLLYWOOD, FL 33024</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Gregory A. Osceola</b> <b>Gregory A. Osceola</b> <b>9/5/06</b> <b>727 644 3697</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |  |   |  |  |

