


FILED
Mar 10, 2006 8:00 am
Secretary of State

02-02-2006 90071 017 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000071718			
1. Entity Name OSP INNOVATIONS, INC.			
Principal Place of Business 3750 SILVER BLUFF BLVD 708 ORANGE PARK, FL 32065 US		Mailing Address 3750 SILVER BLUFF BLVD 708 ORANGE PARK, FL 32065 US	
2. Principal Place of Business 4347 Edgewater Crossing Dr Jacksonville FL 32257-6106		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 20-2859516		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01302006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent SPENCER, DON 3750 SILVER BLUFF BLVD 708 ORANGE PARK, FL 32065		7. Name and Address of New Registered Agent Name 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 the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature must be printed name of registered agent and use if applicable. Registered Agent signature required when voluntary.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 SPENCER, DON 3750 SILVER BLUFF BLVD 708 ORANGE PARK, FL 32065 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP (Prior of Edgewater) 4347 EDGEWATER CROSSING DR JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP MAILING ADDRESS: PO BOX 28577 JACKSONVILLE, FL 32241-3577 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 provided 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 registered agent 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 files empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-20-06 904-728-8082 Date	



ATTACHMENT

66001588

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2006

OSP INNOVATIONS, INC.
P.O. BOX 23577
JACKSONVILLE, FL 32241-3577 US

Subject: **OSP INNOVATIONS, INC.**

Reference Number: **P05000071718**

Mar 4, 2006

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

I added the street address vs. the PO Box. Thanks! (my mistake)

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION



ATTACHMENT
#66004588

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

OSP INNOVATIONS, INC.
P.O. BOX 23577
JACKSONVILLE, FL 32241-3577 US

Subject: OSP INNOVATIONS, INC.

Reference Number: P05000071718

*Thanks!
My mistake!!*

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cj

ANNUAL REPORTS SECTION