

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90010 007 ***150.00

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1. Entity Name
OSP INNOVATIONS, INC.



Principal Place of Business
**4347 EDGEWATER CROSSING DR
JACKSONVILLE, FL 32257-6106 US**

Mailing Address
**4347 EDGEWATER CROSSING DR
JACKSONVILLE, FL 32257-6106 US**

40000770



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2859516

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPENCER, DON
4347 EDGEWATER CROSSING DR
JACKSONVILLE, FL 32257-6106**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SPENCER, DON
STREET ADDRESS	4347 EDGEWATER CROSSING DR
CITY- ST- ZIP	JACKSONVILLE, FL 322413577
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**NO PO BOX.
I HAVE
NOTIFIED
STATE
TWICE. THIS IS
IN ERROR. PLEASE
REMOVE P.O. BOX.
THANKS!**

**DO NOT WRITE
IN THIS SPACE**

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:

Don Spencer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don Spencer, PRESIDENT
4347 Edgewater Crossing Dr.
Jacksonville FL 32257-6106

Date

Daytime Phone #

204-728-8082

01-04-08