

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123367

FILED
Aug 18, 2006
Secretary of State

Entity Name: OSBORNE'S FLOORING AND HOME REPAIR, INC.

Current Principal Place of Business:

2751 PROVIDENCE BLVD.
APT. 107
DELTONA, FL 32725 US

New Principal Place of Business:

2751 PROVIDENCE BLVD.
DELTONA, FL 32725 US

Current Mailing Address:

2751 PROVIDENCE BLVD.
APT. 107
DELTONA, FL 32725 US

New Mailing Address:

2751 PROVIDENCE BLVD.
DELTONA, FL 32725 US

FEI Number: 13-4306020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OSBORNE, CONNIE JO
2751 PROVIDENCE BLVD.
APT. 107
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

OSBORNE, CONNIE JO
2751 PROVIDENCE BLVD.
DELTONA, FL 32725 US

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.

SIGNATURE: CONNIE JO OSBORNE

08/18/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OSBORNE, CONNIE JO
Address: 2751 PROVIDENCE BLVD.
City-St-Zip: DELTONA, FL 32725

Title: VP () Delete
Name: OSBORNE, CONNIE JO
Address: 2751 PROVIDENCE BLVD.
City-St-Zip: DELTONA, FL 32725

Title: SEC () Delete
Name: OSBORNE, CONNIE JO
Address: 2751 PROVIDENCE BLVD.
City-St-Zip: DELTONA, FL 32725

Title: TRE () Delete
Name: OSBORNE, CONNIE JO
Address: 2751 PROVIDENCE BLVD.
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE JO OSBORNE

P

08/18/2006

Electronic Signature of Signing Officer or Director

Date