2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000084297

Entity Name: OSHANEE ENTERPRISES, INC.

LACEY, CATHÉRINE E

405 KENILWORTH AVE

GULF BREEZE, FL 32563

Name:

Address:

City-St-Zip:

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
60 S ALCA PENSACC	ANIZ ST. DLA, FL 32502	2 US	3749D GULF BREEZE #301 GULF BREEZE, FL 32		
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
3749-D GULF BREEZE PARKWAY, STE 301 GULF BREEZE, FL 32563 07			#301	3749D GULF BREEZE PKWY, #301 GULF BREEZE, FL 32563 US	
FEI Number	: 20-5084445	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SUITE 301 GULF BRE The above	ILF BREEZE F I EEZE, FL 325	63 US	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU					
		nic Signature of Registered A	gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	LACEY, JIM 3749D GULF E) Delete BREEZE PARKWAY SUITE 301 E, FL 32563 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MAZZOLA, DE 1257 GRAND) Delete BORAH RIDGE CIRCLE E, FL 32563 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	LACEY, MELIS 3749 GULF BF) Delete SSA REEZE PARKWAY #301 E, FL 32563 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: DEBORAH MAZZOLA TREA 02/04/2009