

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

04-23-2008 90011 026 ***150.00

DOCUMENT # P07000076808

1. Entity Name
C I INVESTMENTS OF OSPREY, INC.



Principal Place of Business
98 INLETS BLVD
NOKOMIS, FL 34275

Mailing Address
98 INLETS BLVD
NOKOMIS, FL 34275

66012609



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

26-0491878

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEBOER, ROBERT J
227 NOKOMIS AVE SO.
VENICE, FL 34285

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when handling)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
MAYER, PETER
STREET ADDRESS
98 INLETS BLVD
CITY ST ZIP
NOKOMIS, FL 34275

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
MAYER, LINDA
STREET ADDRESS
98 INLETS BLVD
CITY ST ZIP
NOKOMIS, FL 34275

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ 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:

Peter Mayer
PETER MAYER

4/15/08 941 485 0747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone/Fax