


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000017813

1. Entity Name
 OSCEOLA, INC.



Principal Place of Business Mailing Address

308 W HIGHLAND BLVD 308 W HIGHLAND BLVD
 INVERNESS, FL 34452 US INVERNESS, FL 34452 US

DO NOT WRITE IN THIS SPACE



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3215657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAVAGE, KENNETH L
 308 W HIGHLAND BLVD
 INVERNESS, FL 34452

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAVAGE, KENNETH L 308 W HIGHLAND BLVD INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN, SHARON D 308 W HIGHLAND BLVD INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WALKER, DENNIS J 308 W HIGHLAND BLVD INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABADIER, RAFIK MD 308 W HIGHLAND BLVD INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/02/05-80006-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kenneth Savage Date: 3/30/05 Daytime Phone #: 352 724 8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR