

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90021 031 \*\*\*150.00

**DOCUMENT # P93000068212**

1. Entity Name  
**OSPREY LAND COMPANY**



Principal Place of Business  
**650 N. TAMiami TRAIL  
OSPREY, FL 34229 US**

Mailing Address  
**650 N. TAMiami TRAIL  
OSPREY, FL 34229 US**



06202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0445400**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MEADOR, ROBERT D  
650 N. TAMiami TRAIL  
OSPREY, FL 34229**

**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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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  
**POST  
MEADOR, ROBERT D  
650 N TAMiami TRAIL  
OSPREY, FL 34229**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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: Robert D. Meador**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-20-05 941-966-3661**

Date

Daytime Phone #

ATTACHMENT

14018969

# P930000 68212

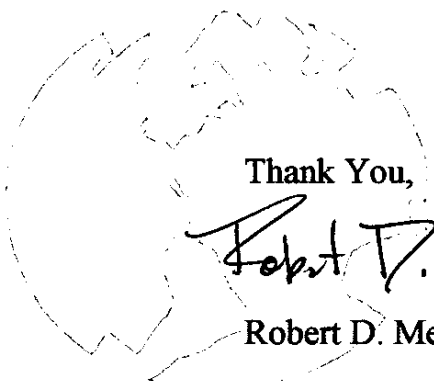
**Osprey Land Company** - Licensed Real Estate Broker

June 20, 2005

Dear Florida Department of State;

Per our conversation with your examiner on 6/20/2005 when we advised her we had not received notice of filing and called to inquire, she stated upon our sending this letter that we are only required to pay the \$150.00 due which is enclosed with our report.

Thank You,



*Robert D. Meador*  
Km

Robert D. Meador

The Oaks Office: 650 N. Tamiami Trail, Osprey, FL 34229 Tel. 941.966-3661. Fax 941.966.1893  
The Osprey Office: 458 N. Tamiami Trail, Osprey, FL 34229 Tel. 941.966.3626. Fax 941.966.1893

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