


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000060130</b> 1. Entity Name <b>OSPREY INVESTMENT CAPITAL MANAGEMENT CORPORATION</b>	
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Principal Place of Business <b>101 SEABREEZE BLVD. MGT. OFFICE DAYTONA BCH., FL 32118 US</b>	Mailing Address <b>111 PRESIDENTIAL BLVD. SUITE 230 BALA CYNWYD, PA 19004 US</b>
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01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3341156</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**TRISTER, STANTON L  
101 SEABREEZE BLVD.  
MGT. OFFICE  
DAYTONA BEACH, FL 32118**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO TRISTER, STANTON L 101 SEABREEZE BLVD. DAYTONA BCH., FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TRISTER, DAVID E 711 MT. PLEASANT RD. BRYN MAWR, PA 19010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORSWORTHY, JEAN 111 PRESIDENTIAL BLVD. #230 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/05-80192-004 150.00

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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:** STANTON L. TRIESTER 1/6/05 (610) 667-5400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #