2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9500088674

OSPREY COMMUNICATIONS, INC.

FILED
Jul 09, 2004 08:00 AM
Secretary of State

Principal Place of Business

1133 BAL HARBOR BLVD STE 1139

PUNTA GORDA, FL 33950

US

Mailing Address

1133 BAL HARBOR BLVD

STE 1139

PUNTA GORDA, FL 33950

US



07012004

No Cha-P

CR2E034 (10/03)

4. FEI Number 65-0628966 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ATHANASAS, JANET 3448 DEPEW AVENUE PORT CHARLOTTE, FL 33952

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the paions of registered agent.	rpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title if	applicable (NOTE, Registered A	gent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		Election Campaign Financi Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	U00000164741 07/09/04-80001-025 550 00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CHY-SI-ZIP	P KATT, SALLY 1133 BAL HARBOR BLVD APT 1139 PUNTA GORDA, FL 33950				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATT, EUGENE W 1133 BAL HARBOR BLVD APR 1139 PUNTNA GORDA, FL 33950				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CRY-ST-ZIP					•
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Rorida 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:

CITY-ST-ZIP

IGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

fully 1

741-575 8622

Daytime Phone #