

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90195 043 ***150.00

DOCUMENT # P96000012001

1. Entity Name
OSD ENTERPRISES, INC.



Principal Place of Business
**1919 NORTHWEST 4TH AVENUE
GAINESVILLE, FL 32603**

Mailing Address
**1919 NORTHWEST 4TH AVENUE
GAINESVILLE, FL 32603**

50036708



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3359929

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

**HOPE, DONALD E
1919 NW 4TH AVE
GAINESVILLE, FL 32603**

7. Name and Address of New Registered Agent

Name **Edwina H. Hope**

Street Address (P.O. Box Number is Not Acceptable)

1919 N.W. 4th avenue

City **Gainesville**

FL

Zip Code **32603**

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 **Edwina H. Hope** **Edwina H. Hope, Treasurer**

4/2/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
**PD
HOPE, DAVID E
1919 NORTHWEST 4TH AVENUE
GAINESVILLE, FL 32603** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SMITH, DEBRA
1919 NORTHWEST 4TH AVENUE
GAINESVILLE, FL 32603** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HOPE, DONALD E
1919 NORTHWEST 4TH AVENUE
GAINESVILLE, FL 32603** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Hope, Edwina H.
1919 Nw 4th avenue
Gainesville, FL 32603** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 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: **David E Hope** **DAVID E. Hope**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05

(352) 372-6554

Date

Daytime Phone #