

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90070 038 \*\*\*150.00

**DOCUMENT # P96000069014**

1. Entity Name  
OSPREY OF NORTH FLORIDA, INC.



Principal Place of Business  
1900 AMELIA TRACE CT  
STE 200  
FERNANDINA BEACH, FL 32034

Mailing Address  
1900 AMELIA TRACE CT  
STE 200  
FERNANDINA BEACH, FL 32034

24051713



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0718395

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

7. Name and Address of New Registered Agent

WILSON, CHARLES  
3030 HARTLEY RD  
STE 120  
JACKSONVILLE, FL 32257

Name

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

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

150-

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME SELL, STEVEN W  
STREET ADDRESS 2317 BLANDING BLVD. #3  
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE DS ☐ Delete  
NAME WILSON, J. CHARLES  
STREET ADDRESS 3030 HARTLEY RD-STE 120  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE D ☐ Delete  
NAME GLAZIER, SCOTT L  
STREET ADDRESS 8701 PERIMETER PARK BLVD-STE 103  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE D ☐ Delete  
NAME SHARPE, MICHAEL  
STREET ADDRESS 5915 NORMANDY BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition  
NAME SELL, STEVEN W  
STREET ADDRESS 1900 AMELIA TRACE CT, STE 200  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN W SELL  
PRESIDENT

Date

Daytime Phone #

4/20/04 9043211909