2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000069014



OSPREY OF NORTH FLORIDA, INC. 4111/1300 Principal Place of Business Mailing Address 1900 AMELIA TRACE CT 1900 AMELIA TRACE CT **STE 200** STE 200 FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number 65-0718395 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILSON, CHARLES Street Address (P.O. Box Number is Not Acceptable) 3030 HARTLEY RD STF 120 🐇 JACKSONVILLE, FL 32257 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE ☐ Change Edward Griffith NAME SELL, STEVEN W NAME STREET ADDRESS 1900 AMELIA TRACE CT, STE 200 STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH, FL 32034 CITY-ST-ZIP DS TITLE Delete TITLE ☐ Change NAME WILSON, J. CHARLES NAME STREET ADORESS 3030 HARTLEY RD-STE 120 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 City-St-7iP

☐ Delete

☐ Delete

☐ Delete

☐ Delete

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.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7/P

CITY-ST-ZIF

SIGNATURE:

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

CITY-ST-ZIP

GLAZIER, SCOTT L

SHARPE, MICHAEL

5915 NORMANDY BLVD

JACKSONVILLE, FL 32205

JACKSONVILLE, FL 32216

8701 PERIMETER PARK BLVD-STE 103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Richard Benoit

FILED

May 03, 2005 8:00 am Secretary of State

Applied For

Addition

☐ Addition

☐ Addition

☐ Addition

☐ Addition

☐ Addition

Change

Change

☐ Change

☐ Change

05-03-2005 90061 013 ***150.00