## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000069014

Entity Name: OSPREY OF NORTH FLORIDA, INC

FILED Apr 25, 2008 Secretary of State

Current B	tringinal Blood of Business	New Principal Blood of Pusiness
Current	rincipal Place of Business:	New Principal Place of Business:
	RE STREET	2380 SADLER ROAD
SUITE G	DINA BEACH, FL 32034 US	SUITE 201 FERNANDINA BEACH, FL 32034 US
	lailing Address:	New Mailing Address:
P.O. BOX FERNAND	687 DINA BEACH, FL 32035 US	P.O. BOX 15369 FERNANDINA BEACH, FL 32035 US
FEI Number	: 65-0718395 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
3030 HAR STE 120 JACKSON The above	IVILLE, FL 32257 US and an arranged entity submits this statement for the	e purpose of changing its registered office or registered agent, or bo
	e of Florida.	
SIGNATUI		Petr
Election Car	Electronic Signature of Registered Ampaign Financing Trust Fund Contribution ( ).	Agent Date
	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
Title:	DP ( ) Delete	Title: DP (X) Change ( ) Addition
Name:	SELL, STEVEN W	Name: SELL, STEVEN W
Address:	402 CENTRE STREET, SUITE G	Address: 2380 SADLER ROAD, SUITE 201
City-St-Zip:	FERNANDINA BEACH, FL 32034 US	City-St-Zip: FERNANDINA BEACH, FL 32034 US
Title:	DS ( ) Delete	Title: ( ) Change ( ) Addition
Name:	WILSON, J. CHARLES	Name:
Address:	3030 HARTLEY RD-STE 120	Address:
City-St-Zip:	JACKSONVILLE, FL 32257	City-St-Zip:
Title:	D () Delete	Title: ( ) Change ( ) Addition
Name:	SHARPE, MICHAEL	Name:
Address:	5915 NORMANDY BLVD	Address:
City-St-Zip:	JACKSONVILLE, FL 32205	City-St-Zip:
Title:	D ( ) Delete	Title: ( ) Change ( ) Addition
Name:	GRIFFITH, EDWARD	Name:
Address:	P.O. BOX 2589	Address:
City-St-Zip:	PONTE VEDRA BEACH, FL 32004	City-St-Zip:
Title:	D ( ) Delete	Title: ( ) Change ( ) Addition
ride.	_ ( )	
Name:	BENOIT, RICHARD 3030 HARTI FY ROAD, SUITE 190	Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: STEVEN W. SELL DP 04/25/2008

JACKSONVILLE, FL 32257

City-St-Zip: