


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000014524 1. Entity Name OSPREY DEVELOPMENT OF NAPLES, INC.	
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Principal Place of Business 6200 SHIRLEY STREET SUITE 201 NAPLES, FL 34109 US	Mailing Address 6200 SHIRLEY STREET SUITE 201 NAPLES, FL 34109 US
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07222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3493647	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LARRY R. ANDREW
413 RIDGE DRIVE
NAPLES, FL 34108**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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	V COPPLEY, MARIE E 413 RIDGE DR. NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDREWS, LARRY R 413 RIDGE DR. NAPLES, FL 34108
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08/02/04-80016-006 550.00

**DO NOT WRITE
IN THIS SPACE**

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: Larry R. Andrews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-04 239 598 1155
Date Daytime Phone #