2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000014524

OSPREY DEVELOPMENT OF NAPLES, INC.

Mailing Address

Principal Place of Business 6200 SHIRLEY STREET

6200 SHIRLEY STREET

SUITE 201

NAPLES, FL 34109 US

SUITE 201 NAPLES, FL 34109 US FILED Jan 12, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01092006 No Chg-P Cf

CR2E034 (11/05)

4. FEI Number 59-3493647

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LARRY R. ANDREW 413 RIDGE DRIVE NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE

				11 4	INIS SPACE
the obligat	named entity submits this statement for the pations of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	applicable (NOTE Registered	Agent signature	(philistanies remained	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	gnic	\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CHY-ST-ZIP	OFFICERS AND DIRECT V COPPLEY, MARIE E 413 RIDGE DR. NAPLES, FL 34108	TORS	* = ;		U00000385057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDREWS, LARRY R 413 RIDGE DR. NAPLES, FL 34108				01/18/06-80001-012 158,75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		= ' ' ' ' '	÷	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				, =	
TITLE			` -	* 4-m- x	

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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: S

STREET ADDRESS City-St-Zip

SIGNATURE AND TYPE OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

01 09 00

239-598-1100