

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2005 8:00 am
Secretary of State

05-24-2005 90122 050 ***550.00

DOCUMENT # P98000019644

1. Entity Name
CDCT OSBORNE, INC.



Principal Place of Business
1920 E. HILLSBOROUGH AVE
TAMPA, FL 33610

Mailing Address
1920 E. HILLSBOROUGH AVE
TAMPA, FL 33610



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3552618

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CONE, CHLOE
1920 E. HILLSBOROUGH AVE
TAMPA, FL 33610

**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

Chloe Gloney President/CEO 1/7/2007
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CONEY, CHLOE
STREET ADDRESS	1920 E. HILLSBOROUGH AVE
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	D
NAME	CANNON, SAMUEL
STREET ADDRESS	1920 E. HILLSBOROUGH AVE
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	D
NAME	OGBURN, DAVID
STREET ADDRESS	1920 E. HILLSBOROUGH AVE
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*Albert Lee
6544 Steeplechase Dr
Tampa FL 33625*

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ENTERED

Date

Daytime Phone #