## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P98000074588** 

FILED
May 12, 2004 08:00 AM
Secretary of State

1. Entity Nam OSPREY	SPORTS, INC.						
Principal Plac	e of Business	Mailing Address					
1325 SNELL ISLE BLVD., SUITE 2050		1325 SNELL ISLE BLVD., SUITE 205C ST. PETERSBURG, FL 33704					
1	O NOT WRITE	IN THIS SPA	<b>CL</b>	03042003 4. FEI Num 59-35	ber 72258	CR2E034 (10	
	6. Name and Address of Current R			5. Certifica	e of Status Desired		equired
1325 SNEI ST. PETER 8. The above the obligat	HARD T ESQ LL ISLE BLVD., SUITE 205C RSBURG, FL 33704  named entity submits this statement for tellors of registered agent.	he purpose of changing its register	ed office or re	IN	NOT W THIS SE	ACE	r with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	tate # applicable. (NOTE: Registere	d Agent agnature	required when rematating)		DATE	
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	9. Election Campaign Finar Trust Fund Contribution.	9. Election Campaign Financing \$5.0 Trust Fund Contribution.   Added  Added		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10.	OFFICERS AND D	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AVIS, RICHARD T 1325 SNELL ISLE BLVD, STE 205 ST PETERSBURG, FL 33704	c			ee JA940	U\$3902	- 455 NG
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U9/ 1.C/.UT		, 131.41U
THTLE NAME STREET ADDRESS GTY-S1-ZIP				D G	NOT W	6 N E	

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/30/14 727-64

IN THIS SPACE

Daytime Phone if