## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## Feb 04, 2008 08:00 AN Secretary of State **DOCUMENT # P99000030791** 1. Entity Name C & D OSBORNE, INC. Principal Place of Business Mailing Address 912 PEBBLE BEACH BLVD. 912 PEBBLE BEACH BLVD. SUN CITY CENTER, FL 33573 SUN CITY CENTER, FL 33573 01202008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3573423 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OSBORNE, CRAIG R DO NOT WRITE 3533 51ST AVE. W BRADENTON, FL 34210 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agen) signature required when reinstating) DATE HDDDDD814235 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 na/ĭä/ñä-8ōó36-007 150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE OSBORNE, CRAIG R NAME STREET ADDRESS 3533 51ST AVE, W BRADENTON, FL 34210 CITY-ST-ZIP IΠLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE

12. I hereby 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 this ties implement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter do not not attachment with additional file appropriate of the processing of the chapter of the processing changed, or on an attawith all other like empowered

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

**FILED**