## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # S23541**

1. Entity Name
OSPREY EUROPA CORPORATION



FILED Jan 24, 2008 08:00 AF Secretary of State

Principal Place of Business

Mailing Address

10 CHICAGO S.

FT. WALTON BCH., FL 32548

789 BLVD. OF CHAMPIONS SHALIMAR, FL 32579 US



DO.	NOT	WRITE	IN	THIS	SPACE	

01222008 No Chg-P CR2E034 (11/05)

FEI Number
 59-3043547

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILDINGER, ERICA K 1649 WEST HIGHWAY 98 #403 MARY ESTHER, FL 32569

## 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 Floride.	I am familiar with, and accept
	the obligations of registered agent.	

SIGNATURE.

10.

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

TITLE PD WILDINGER, JOSEPH V. NAME STREET ADDRESS 789 BLVD. OF CHAMPIONS SHALIMAR, FL CITY-ST-ZIP TITLE NAME WILDINGER, JEANNE S. STREET ADDRESS 789 BLVD OF CHAMPIONS SHALIMAR, FL CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000793588 01/25/08-80014-016 150.00

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF GONING OFFICER OR DIRECTOR

1.77.700

50-651-666

Date