

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # S95171

1. Entity Name
OZBURN, INC.



Principal Place of Business
OZBURN, INC
2530 DICK WILSON DRIVE
SARASOTA, FL 34240 US

Mailing Address
OZBURN, INC
2530 DICK WILSON DRIVE
SARASOTA, FL 34240 US



DO NOT WRITE IN THIS SPACE

04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0301341

Applied For
(Not Applicable)

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

6. Name and Address of Current Registered Agent

OZBURN, C S
2530 DICK WILSON DRIVE
SARASOTA, FL 34240

**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

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	PDD
NAME	COLER, THOMAS E
STREET ADDRESS	2530 DICK WILSON DR
CITY - ST - ZIP	SARASOTA, FL 34240
TITLE	D
NAME	OZBURN, C. S.
STREET ADDRESS	2530 DICK WILSON DRIVE
CITY - ST - ZIP	SARASOTA, FL 34240

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04/28/05-80049-008 150.00

TITLE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: C. S. Ozburn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 941 3281881
Date Daytime Phone