

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90005 026 \*\*\*150.00

<b>DOCUMENT # V43397</b> 1. Entity Name <b>LADY OSPREY BASKETBALL CAMP, INC.</b>					
Principal Place of Business <b>4567 ST. JOHN'S BLUFF RD. S JACKSONVILLE, FL 32224 US</b>			Mailing Address <b>1232 SALT CREEK ISLAND DR PONTE VEDRA BEACH, FL 32082 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1 UNF Drive</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Jacksonville FL</b>		City & State		4. FEI Number <b>59-3130328</b>	
Zip <b>32224</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TAPMEYER, MARY M 1232 SALT CREEK ISLAND DRIVE PONTE VEDRA BEACH, FL 32082</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>TAPMEYER, MARY M 1232 SALT CREEK ISLAND DRIVE PONTE VEDRA BEACH, FL 32082</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/1/08 904 673-1828 <small>Date Daytime Phone #</small>		