


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90373 019 \*\*\*150.00

<b>DOCUMENT # V48699</b>		
1. Entity Name OSBORNE SERVICE & EQUIPMENT, INC.		

Principal Place of Business 4420 SOUTHWEST 64TH AVE. DAVIE, FL 33314	Mailing Address 4420 SOUTHWEST 64TH AVE. DAVIE, FL 33314
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40034408



2. Principal Place of Business - No P.O. Box # 808 W Indian River Blvd Suite, Apt. #, etc.	3. Mailing Address PO Box 2877 Suite, Apt. #, etc.
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01132007 Chg-P CR2E034 (12/06)

City & State Edgewater, FL	City & State New Smyrna Fla
Zip 32132	Zip 32170
Country Volusia	Country Volusia

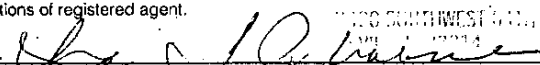
4. FEI Number 65-0357346	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  OSBORNE, IVA T. 4420 SOUTHWEST 64TH AVENUE DAVIE, FL 33314	
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7. Name and Address of New Registered Agent Name: Osborne, Iva T. Street Address (P.O. Box Number is Not Acceptable) 808 W Indian River Blvd City: Edgewater FL Zip Code: 32132	
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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: 	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GAINES, CINDY LOUISE 4420 SW 64TH AVE. DAVIE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Osborne, Cindy Louise 808 W Indian River Blvd Edgewater, FL 32132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSBORNE, IVA T. 4420 SW 64TH AVE. DAVIE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Osborne, Iva T. 808 W Indian River Blvd Edgewater, FL 32132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: 3/6/07	Daytime Phone #: 386-428-4040
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