


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90026 004 ***150.00

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1. Entity Name
MICHAEL E. OESTERLE & CO., INC.



Principal Place of Business
**5131 N ANDRI DRIVE
 CRYSTAL RIVER, FL 34428**

Mailing Address
**5131 N ANDRI DRIVE
 CRYSTAL RIVER, FL 34428**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01292004 Chg-P CR2E034 (10/03)

4. FEI Number
37-1467441

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

**IESTERLE, MICHAEL E
 5131 N ANDRI DRIVE
 CRYSTAL RIVER, FL 34428**

7. Name and Address of New Registered Agent

Name
Michael E. Oesterle

Street Address (P.O. Box Number is Not Acceptable)
5131 N. ANDRI DR.

City
Crystal River FL Zip Code
34428

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: *Michael E. Oesterle* **Michael E. Oesterle** DATE: **1/29/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	OESTERLE, MICHAEL E	
STREET ADDRESS	5131 N ANDRI DRIVE	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael E. Oesterle* **Michael E. Oesterle** DATE: **1/29/04** 352-564-1898

Signature and typed or printed name of signing officer or director Date Daytime Phone #