


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90029 026 ***150.00

DOCUMENT # P03000050694

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



Principal Place of Business Mailing Address

407 NE 1ST STREET 407 NE 1ST STREET
 CRYSTAL RIVER, FL 34429 CRYSTAL RIVER, FL 34429

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01032008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

OESTERLE, MICHAEL E
 5131 N ANDRI DRIVE
 CRYSTAL RIVER, FL 34428

4. FEI Number
 37-1467441

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name *Michael E. Oesterle*

Street Address (P.O. Box Number is Not Acceptable)

5131 N. Andri Drive

City *Crystal River* State *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* DATE: *1/3/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OESTERLE, MICHAEL E 5131 N ANDRI DRIVE CRYSTAL RIVER, FL 34428 <input type="checkbox"/> Delete	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: *Michael E. Oesterle* DATE: *1/3/08* PHONE: *352-564-1898*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #