2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 25, 2004 8:00 am Secretary of State DOCUMENT # P93000068656 02-25-2004 90020 022 ***150 00 OSTEEN IRRIGATION & SUPPLY INC. Principal Place of Business Mailing Address 11156 CR 209 11156 CR 209 OXFORD FL 34484 OXFORD FL 34484 2. Principal Place of Business 3. Mailing Address 12827 C.R. 103G-2 <u> P.O. Box</u> Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3209450 Oxford wtorc Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34484 UJA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OSTEEN, BARRY S Street Address (P.O. Box Number is Not Acceptable) 11156 CR 209 OXFORD FL 34484 12827 Zip Code 34484 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. MI F ☐ Delete TITLE ☐ Addition osteen, Barry S OSTEEN, BARRY S NAME NAME 1887 C.R. 103 C-2 STREET ADDRESS 11156 CR 209 STREET ADDRESS OXFORD FL Oxford, FL 34484 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition Osteen, Donna M NAME NAME 12827 C.R. 103G-2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ---TITLE ___.Change Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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.

FILED