

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 8:00 am
Secretary of State

01-18-2005 90055 045 ***150.00

DOCUMENT # 389574 1. Entity Name O'STEEN BROTHERS, INC.	
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Principal Place of Business 1006 SE 4TH STREET GAINESVILLE, FL 32601 US	Mailing Address 1006 S E 4TH STREET GAINESVILLE, FL 32601
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1366875	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
O'STEEN, SARAJO
1006 SE 4TH STREET
GAINESVILLE, FL 32601

**DO NOT WRITE
IN THIS SPACE**

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] DATE 1-13-05
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSTEEN, WM BRAD 1006 SE 4TH STREET GAINESVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OSTEEN, DEXTER 1006 SE 4TH STREET GAINESVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OSTEEN, LISA 1006 SE 4TH ST. GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OSTEEN, SARAJO 1006 SE 4TH STREET GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Lisa A. O'Steen Treasurer 2-7-05 352-376-1634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #