2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000001916

FILED Apr 19, 2005 08:00 AM Secretary of State

1. Entity Nam OSTIS, IN		ļ					
Principal Place 609 AMELIA FERNANDINA	CIRCLE 6	4 US	1 18 3 118 3 1111	15(5) (19)(18)() 5 1 (() 31() 1	7111 88781 XVX 1011	(1818 3 (188) (188)	
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DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				03272005 4. FEI Number 57-1079 5. Certificate of		CR2E034 (10	Applied For Not Applicable 5 Additional equired
SVENSSON, STAFFAN 609 AMELIA CIRCLE FERNANDINA BEACH, FL 32034			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, 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 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution.				.00 May Be ed to Fees			
10.	OFFICERS AND DIRE	CTORS	1		237 + 12 257		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SVENSSON, STAFFAN 609 AMELIA CIRCLE FERNANDINA BEACH, FL 32034	·			U00000 04/19/05-	316097	
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12. I hereby a indicated of the corchanged	certify that the information supplied with this I on this report or supplemental report is true reporation or the receiver or trustee empowere or on an attachment with an address, with a	iting does not qualify for the exe and accurate and that my signal do to execute this report as requi ill other like empowered.	mption stated in Se ture shall have the ired by Chapter 607	ection 119.07(3)(i same legal effect 7, Florida Statute), Florida Statutes. I fit as if made under oas, and that my name	urther certify that the that I am an appears in Bloc	at the information officer or director k 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: