## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000003985

City-St-Zip:

LINN, MO 65051

Entity Name: OSAGE INDUSTRIES, INC.

FILED Apr 23, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 194 TWIN RIDGE ROAD LINN, MO 66051 **Current Mailing Address: New Mailing Address:** P.O. BOX 718 LINN, MO 65051 FEI Number: 43-1478289 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UCC FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCD () Delete Title: (X) Change ( ) Addition KEHOE, JOHN Name: Name: KEHOE, JOHN 40 COTTONWOOD TRAILS LN. 2345 HATTING PLACE Address: Address: City-St-Zip: JEFFERSON CITY, MO 65101 City-St-Zip: JEFFERSON CITY, MO 65109 Title: VD Title: () Delete () Change () Addition FICK, KENNY Name: Name: P.O. BOX 275 Address: Address: LINN, MO 65051 City-St-Zip: City-St-Zip: Title: Title: SD ( ) Delete () Change () Addition VOSS, STEVE Name: Name: RT. 2, BOX 200 Address: Address: City-St-Zip: LINN, MO 65051 City-St-Zip: Title: ( ) Delete Title: () Change () Addition EISTERHOLD, ROBERT Name: Name: Address: RT. 2, BOX 128 Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JOHN KEHOE PCD 04/23/2008