


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90023 005 \*\*\*150.00

<b>DOCUMENT # G21896</b>	
1. Entity Name <b>O'STEEN'S INDEPENDENT SALES, INC.</b>	

Principal Place of Business <b>6939 OKEECHOBEE RD FT. PIERCE, FL 34945 US</b>	Mailing Address <b>8792 LONESOME PINE TR FT. PIERCE, FL 34945-0112</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>8832 Lonesome Pine Trail</b> Suite, Apt. #, etc.
City & State	City & State <b>Fort Pierce, FL</b>
Zip	Country <b>USA</b>



03012004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2413208</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>O'STEEN, HOWARD L. JR. 8832 LONSOME PINE TR. FT. PIERCE, FL 34945</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST O'STEEN, HOWARD L. JR. 8832 LONESOME PINE TR. FT. PEIRCE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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:** Howard L. Osten **3-6-04** **772 966939**

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