

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000094548

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: O'STEEN'S ENTERPRISES INC

## Current Principal Place of Business:

575 N. NOGAL ST  
CLEWISTON, FL 33440 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 906  
CLEWISTON, FL 33440 US

## New Mailing Address:

FEI Number: 05-0528658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'STEEN, KAREN E  
575 N NOGAL ST  
CLEWISTON, FL 33440 US

## Name and Address of New Registered Agent:

O'STEEN, STACY  
575 N NOGAL ST  
CLEWISTON, FL 33440 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: STACY OSTEEN

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: O'STEEN, STACY F  
Address: PO BOX 906  
City-St-Zip: CLEWISTON, FL 33440 US

Title: VSTD (X) Delete  
Name: O'STEEN, KAREN E  
Address: PO BOX 906  
City-St-Zip: CLEWISTON, FL 33440 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: STACY OSTEEN

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date