

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000012921

1. Entity Name
OST MANAGEMENT INC.



Principal Place of Business
3455 S. A1A HWY
16
MELBOURNE BEACH, FL 32951

Mailing Address
3455 S. A1A HWY
16
MELBOURNE BEACH, FL 32951



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3315163 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SUTTON, DAWN H
3455 S. A1A HWY
MELBOURNE BEACH, FL 32951

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SUTTON, DAWN H
STREET ADDRESS	3455 S. A1A HWY
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/07/07-80078-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dawn H Sutton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-07