## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P03000034918 07-26-2004 90010 002 \*\*\*150.00 OSTEEN MEAT SERVICE, INC. Principal Place of Business Mailing Address 7909 HOBOH LANE 7909 HOBOH LANE 44049949 CLERMONT, FL 34711 CLERMONT, FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 56-2339223 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OSTEEN, ROY L 7909 HOBOH LANE Street Address (P.O. Box Number is Not Acceptable) CLERMONT, FL 34711 City 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 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 Due by September 8, 2004 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPS ☐ Delete TITLE ☐ Change Addition OSTEEN, ROY L NAME ( ) NAME STREET ADORESS 7909 HOBOH LANE STREET ADDRESS ·CITY - ST= ZTP CLERMONT, FL 34711 CITY-ST-ZIP DVT TITLE -☐ Delete TITLE Change | Addition OSTEEN, JAMES NAME NAME 7833 HOBOH LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

GUADURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-04

352-394-6465

Daytime Phone #

FILED Jul 26, 2004 8:00 am Affechment

#14049949 #10300034818 7-08-04

TO WHOEVER!

HAS NOT RECEIVED A REQUEST FOR THE

2004 FOR PROFIT CORPORATION REPORT

THANK YOU
Ry L. Ofer
PRESIDENT