

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90039 007 \*\*\*150.00

**DOCUMENT # P04000003049**

**1. Entity Name**

O'STEEN MASONRY & CONCRETE, INC.



**Principal Place of Business**

2089 SW 41ST WAY  
TRENTON FL 32693

**Mailing Address**

2089 SW 41ST WAY  
TRENTON FL 32693

0100044

**2. Principal Place of Business**

2089 SE 41 Way  
Suite, Apt. #, etc.

**3. Mailing Address**

2089 SE 41 Way  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

**City & State**

Trenton, FL

**City & State**

Trenton, FL

**4. FEI Number**

20-0481364

**Applied For**

Not Applicable

**Zip**

32693

**Country**

USA

**Zip**

32693

**Country**

USA

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

O'STEEN, JOHN W  
2089 SW 41ST WAY  
TRENTON FL 32693

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

2089 SE 41st Way

Trenton, FL 32693

**City**

FL

**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** *John W. Osten*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-8-04

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** PVST ☐ Delete  
**NAME** O'STEEN, JOHN W  
**STREET ADDRESS** 2089 SW 41ST WAY  
**CITY-ST-ZIP** TRENTON FL 32693

**TITLE** T ☐ Delete  
**NAME** O'Steen, Randall  
**STREET ADDRESS** 2089 SE 41st Way  
**CITY-ST-ZIP** TRENTON, FL 32693

**TITLE** ☐ Delete  
**NAME**   
**STREET ADDRESS**   
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**   
**STREET ADDRESS**   
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**   
**STREET ADDRESS**   
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**   
**STREET ADDRESS**   
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** P, V, S ☒ Change ☐ Addition  
**NAME**   
**STREET ADDRESS** 2089 SE 41st Way  
**CITY-ST-ZIP**

**TITLE** T ☐ Change ☒ Addition  
**NAME**   
**STREET ADDRESS**   
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**   
**STREET ADDRESS**   
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**   
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**NAME**   
**STREET ADDRESS**   
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**   
**STREET ADDRESS**   
**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:** *John W. Osten*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4-8-04

**Date**

352-472-4721

**Daytime Phone #**