

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000080741



1. Entity Name
OSTEEN GUTTERS, INC.

Principal Place of Business
12450 NW 80TH AVENUE
CHIEFLAND, FL 32626

Mailing Address

12450 NW 80TH AVENUE
CHIEFLAND, FL 32626

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132008 Chg-P CR2E034 (12/06)

4. FEI Number

26-0567155

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WALTERS, DAVID K
12450 NW 80TH AVENUE
CHIEFLAND, FL 32626

Name *Robert L. Kroum Sr.*

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

12110 NW 105 Ave

City

Archer

FL

Zip Code
32618

7. Name and Address of New Registered Agent

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. *Bookkeeper & Taxes*

SIGNATURE *Robert L. Kroum Sr.*

(NOTE: Registered Agent signature required when remitting)

DATE *4/26/08*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | |
|--|--|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WALTERS, DAVID K 12450 NW 80TH AVENUE CHIEFLAND, FL 32626 | <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 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: *David K. Walters*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/08 352-535-5086

Daytime Phone #