


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000068656**  
 1. Entity Name  
**OSTEEN IRRIGATION & SUPPLY INC.**



Principal Place of Business      Mailing Address  
 12827 C.R. 103G-2      P.O. BOX 405  
 OXFORD, FL 34484 US      OXFORD, FL 34484 US



04122005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3209450**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 OSTEEN, BARRY S  
 12827 C.R. 103G-2  
 OXFORD, FL 34484

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file # applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	OSTEEN, BARRY S
STREET ADDRESS	12827 C.R. 103G-2
CITY-ST-ZIP	OXFORD, FL 34484
TITLE	V
NAME	OSTEEN, DONNA M
STREET ADDRESS	12827 C.R. 103G-2
CITY-ST-ZIP	OXFORD, FL 34484
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/21/05-80015-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Donna Osteen    4-20-05    352 330-0494  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #