


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000068656 1. Entity Name OSTEEN IRRIGATION & SUPPLY INC.	
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Principal Place of Business 12827 C.R. 103G-2 OXFORD, FL 34484 US	Mailing Address P.O. BOX 405 OXFORD, FL 34484 US
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DO NOT WRITE IN THIS SPACE



08082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3209450	Applied For Not Applicable
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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
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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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OSTEEN, BARRY S 12827 C.R. 103G-2 OXFORD, FL 34484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OSTEEN, DONNA M 12827 C.R. 103G-2 OXFORD, FL 34484
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 08/23/07-80001-008 150.00

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: *Barry Steen* 8-22-07 / 352-330-0494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #