


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90031 003 ***150.00

50001024



DOCUMENT # P96000018055 1. Entity Name OSTERMANN SAUSAGE CO., INC.	
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Principal Place of Business 325 S.E. 1ST AVE DELRAY BEACH, FL 33444 US	Mailing Address 325 S.E. 1ST AVE DELRAY BEACH, FL 33444 US
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2. Principal Place of Business - No P.O. Box # 5330 BOCA MARINA CIR. N.	3. Mailing Address 5330 BOCA MARINA CIR. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BOCA RATON, FL.	City & State BOCA RATON, FL.
Zip 33487	Zip 33487
Country USA	Country USA

01102007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0643869	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OSTERMAN, RUDOLF A 5330 BOCA MARINA CIRCLE, NORTH BOCA RATON, FL 33487-5221	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
After May 1, 2007 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	D OSTERMAN, RUDOLF A 5330 BOCA MARINA CIRCLE, NORTH BOCA RATON, FL 334875221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S OSTERMANN, VICTORIA 5330 BOCA MARINA CIRCLE N BOCA RATON, FL 334875221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rudy Ostermann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-16-07
Daytime Phone #