

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000051893

Entity Name: FOUR O'S, INC.

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

34865 GROESBECK HIGHWAY  
HARRISON TWP, MI 48043 US

## New Principal Place of Business:

## Current Mailing Address:

9108 BAY COVE LANE  
JACKSONVILLE, FL 32257

## New Mailing Address:

FEI Number: 59-2249377

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OSTERMAN, PETER R JR  
9108 BAY COVE LANE  
JACKSONVILLE, FL 32257 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: OSTERMAN, RICHARD A MR  
Address: 39100 CHARTIER  
City-St-Zip: HARRISON, TW 48045 US

Title: S ( ) Delete  
Name: OSTERMAN, CATHERINE L MRS  
Address: 39100 CHARTIER  
City-St-Zip: HARRISON TWP, MI 48045 US

Title: T ( ) Delete  
Name: OSTERMAN JR, PETER R MR  
Address: 9108 BAY COVE LANE  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VP ( ) Delete  
Name: OSTERMAN, SYLVIA B MRS  
Address: 9108 BAY COVE LANE  
City-St-Zip: JACKSONVILLE, FL 32257 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER R. OSTERMAN JR

T

05/01/2009

Electronic Signature of Signing Officer or Director

Date