

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90027 025 ***150.00

DOCUMENT # P97000013461 1. Entity Name OSTRENGA FINANCIAL SERVICES, INC.					
Principal Place of Business 1809 BAYVIEW AVE PANAMA CITY, FL 32405-1518 US			Mailing Address P.O. BOX 4701 PANAMA CITY, FL 32401-8701 US		
2. Principal Place of Business - No P.O. Box # 107 W. 23RD ST		3. Mailing Address Suite, Apt. #, etc. STE W-10			
City & State PANAMA CITY FL		City & State City: _____ State: _____		4. FEI Number 59-3426004	
Zip 32405		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OSTRENGA, TIMOTHY 1809 BAYVIEW AVENUE PANAMA CITY, FL 32405			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): 7009 N LAGOON DR UNIT 116 City: PANAMA CITY BEACH FL Zip Code: 32408		
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: <u><i>Timothy A. Ostrenga</i></u> TIMOTHY A. OSTRENGA DATE: 04/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD OSTRENGA, TIMOTHY 1809 BAYVIEW AVENUE PANAMA CITY, FL 32405	<input type="checkbox"/> Delete			
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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: <u><i>Timothy A. Ostrenga</i></u> TIMOTHY A. OSTRENGA DATE: 04/30/07 (850-872-6908) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					