

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000023672

1. Entity Name  
DRYMISTAT, INC.



Principal Place of Business  
2707 GATEWAY DRIVE  
POMPAÑO BEACH, FL 33069-4323

Mailing Address  
2707 GATEWAY DRIVE  
POMPAÑO BEACH, FL 33069-4323



01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0735799

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

STANLEY, OSTER  
2707 GATEWAY DR  
SUITE E-103  
POMPAÑO BEACH, FL 33069

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 D  
NAME OSTER, JEFF  
STREET ADDRESS 2707 GATEWAY DRIVE  
CITY-ST-ZIP POMPAÑO BEACH, FL 330694323

TITLE D  
NAME OSTER, TRACI  
STREET ADDRESS 2707 GATEWAY DRIVE  
CITY-ST-ZIP POMPAÑO BEACH, FL 330694323

TITLE D  
NAME OSTER, DALE  
STREET ADDRESS 2707 GATEWAY DRIVE  
CITY-ST-ZIP POMPAÑO BEACH, FL 330694323

TITLE D  
NAME OSTER, STANLEY  
STREET ADDRESS 2707 GATEWAY DRIVE  
CITY-ST-ZIP POMPAÑO BEACH, FL 330694323

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000210862  
02/02/05-30098-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Stanley Oster*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/29/05*

Daytime Phone #