

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90007 024 \*\*\*150.00

**DOCUMENT # P97000070552**

1. Entity Name  
**OSTEGO BAY CONSTRUCTION, INC.**



Principal Place of Business  
**7401 ESTERO BLVD.  
FT. MYERS, FL 33931**

Mailing Address  
**7401 ESTERO BLVD.  
FT. MYERS, FL 33931**

**54061027**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**6704 Lone Oak Blvd**  
Suite, Apt. #, etc.

07062004 Chg-P CR2E034 (10/03)

City & State  
**NAPLES FL**

4. FEI Number  
**65-0750305**  
Applied For  
Not Applicable

Zip Country  
**34109 USA**

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

6. Name and Address of Current Registered Agent  
**CLAUSSEN, ROBERT G  
7401 ESTERO BLVD.  
FT. MYERS, FL 33931**

7. Name and Address of New Registered Agent  
Name **JACK STERLING**  
Street Address (P.O. Box Number is Not Acceptable)  
**6704 Lone Oak Blvd**  
City **NAPLES FL** Zip Code **34109**

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 **JACK STERLING** DATE **7/6/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CLAUSSEN, ROBERT G</b>		NAME		
STREET ADDRESS	<b>7401 ESTERO BLVD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FT. MYERS, FL 33931</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CLAUSSEN, CHRISTOPHER G</b>		NAME		
STREET ADDRESS	<b>7401 ESTERO BLVD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FT. MYERS, FL 33931</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **Robert G Claussen** **Robert G Claussen** **7/6/04** **239 596 9007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #