

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

05 MAY 10 AM 11:32  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P98000104458</b> 1. Entity Name <b>O'STEEN REAL ESTATE INVESTMENTS, INC.</b>					
Principal Place of Business <b>3314 CYPRESS MILL RD BRUNSWICK, GA 31520</b>			Mailing Address <b>2525 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>58-2442347</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04282005      Chg-P      CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>O'STEEN, THOMAS R 2525 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD O'STEEN, HAROLD S JR 3240 RIVERSIDE AVENUE JACKSONVILLE, FL 32205</b> <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	<b>D O'STEEN, HAROLD S 4611 ORTEGA BLVD. JACKSONVILLE, FL 32210</b> <input checked="" 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	<b>VTD O'STEEN, MARK H 5134 CHARLEMAGNE ROAD JACKSONVILLE, FL 32210</b> <input type="checkbox"/> Delete		<b>200054750312</b> 05/18/05--01062--006    **200.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD O'STEEN, THOMAS R 4151 ROBINWOOD ROAD JACKSONVILLE, FL 32210</b> <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	
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 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.					
<b>SIGNATURE:</b> _____			<b>Mark H. O'Steen      04/28/05      (904) 396-5486</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date      Daytime Phone #		