

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 295363

FILED
Mar 05, 2009
Secretary of State

Entity Name: OAKLAND ENTERPRISES, INC.

Current Principal Place of Business:

513 LAKE BLUE DRIVE
P.O.BOX 1594
LAKE PLACID, FL 33852

New Principal Place of Business:

513 LAKE BLUE DRIVE
LAKE PLACID, FL 33852

Current Mailing Address:

P.O.BOX 1594
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 59-1279724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, JEANNE
537 SE 34TH AVE
OCALA, FL 34471 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: WILLIAMS,EUGENE A,
Address: 513 LAKE BLUE DRIVE
City-St-Zip: LAKE PLACID, FL

Title: D () Delete
Name: JOHNSON, LESLIE W JR
Address: 3720 E. OAKLAND PKWY BLVD
City-St-Zip: FORT LAUDERDALE, FL 33306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: JOHNSON, LESLIE W JR
Address: 5731 CRESTVIEW DRIVE
City-St-Zip: LADY LAKE, FL 32159

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: EUGENE A WILLIAMS

PDS

03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date