


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90066 028 \*\*\*150.00

**DOCUMENT # 684672**

1. Entity Name  
**OAKBROOK CONSTRUCTION, INC.**



Principal Place of Business  
**OAKBROOK HOMES, INC.  
 3573 ENTERPRISE AVE #54  
 NAPLES FL 34104  
 US**

Mailing Address  
**OAKBROOK HOMES, INC.  
 3573 ENTERPRISE AVE #54  
 NAPLES FL 34104  
 US**



2. Principal Place of Business - No P.O. Box #  
**1181 Ludlum Ct**

3. Mailing Address  
**P.O. Box 1639**

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State  
**Manoia Island FL**

City & State  
**Manoia Is FL**

Zip  
**34145**

Country  
**Collier**

Zip  
**34146**

Country  
**Collier**

4. FEI Number **59-2072464**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GALLI, EDWARD R.  
 3573 ENTERPRISE AVE #54  
 NAPLES FL 34104**

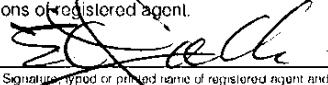
7. Name and Address of New Registered Agent

Name **EDWARD R. GALLI**

Street Address (P.O. Box Number is Not Acceptable)  
**1181 Ludlum Ct.**

City **Manoia Is** State **FL** Zip **34145**

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  DATE **4/15/07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP GALLI, EDWARD R 3573 ENTERPRISE AVE., #54 NAPLES FL 34104 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD GALLI, PEGGY L 3573 ENTERPRISE AVE., #54 NAPLES FL 34104 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1181 Ludlum Ct Manoia Is, FL, 34145</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE **4/15/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR