2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # G92477 03-10-2006 90014 015 ***150.00 OAK WOOD ASSOCIATES, INC. Mailing Address Principal Place of Business 50001886 4028 ROLLING OAKS DRIVE 4028 ROLLING OAKS DRIVE WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 03072006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-2423750 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STAMBAUGH, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 99 SIXTH ST SW WINTER HAVEN, FL 33880 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. Signature, typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \Box Added to Fees After May 1, 2006 Fee will be \$550.00 10. **OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 n Kathryn Mongold Delete TITLE Change D 419 Rolling Onks Dr MONDELLO, ROBERT NAME NAME STREET ADDRESS 4235 CEDARWOOD STREET STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 CITY-ST-ZIP Winter HAVAN, FL 33880 DΛ TITLE Delete TITLE IJ√ Change Addition Dennis moore 4113 Spruce wood winter Haven, F ROBINSON, KENDALL J NAME NAME STREET ADDRESS 4240 ROLLING OAKS DRIVE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 CITY-ST-ZIP DT TITLE □ Delete TITLE Robert Lunsford Change Addition BURKE, VIRGINIA NAME NAME 4101 spruce wood STREET ADDRESS 4046 ROLLING OAKS DRIVE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 CITY-ST-ZIP Winter Haven FL *338*60 ☐ Addition TITLE D.S. ☐ Delete TITLE Change Change IRELAND, ANTHONETTA NAME NAME STREET ADDRESS 4077 ROLLING OAKS DRIVE STREET ADDRESS City-St-ZiP WINTER HAVEN, FL 33880 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition SCHULDT, LA FOYE NAME NAME 4097 ROLLING OAKS STREET ANDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 CITY-ST-ZIP Delete Addition TITLE TITLE Change NAYLOR, RICHARD NAME NAME STREET ADDRESS 4206 CEDARWOOD ST STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 CITY-ST-ZIP InterHAJER

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

La Foye C. Schuldt

FILED Mar 10, 2006 8:00 am