2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State
03-19-2007 90057 016 ***150.00

DOCUMENT # G92477

1. Entity Name
OAK WOOD ASSOCIATES, INC.

40036911

Principal Place of Business	Mailing Address
4028 ROLLING OAKS DRIVE WINTER HAVEN, FL 33880	4028 ROLLING OAKS DRIVE WINTER HAVEN, FL 33880

03142007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2423750 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STAMBAUGH, ROBERT J
99 SIXTH ST SW
WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANGOLD, KATHRYN 4119 ROLLING OAKS DR WINTER HAVEN, FL 33880	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MANGOLD, Kathryn 4099 Rolling Oaks Dr Winter Haven, FL 33880	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MOORE, DENNIS 4113 SPRUCE WOOD WINTER HAVEN, FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BURKE, VIRGINIA 4046 ROLLING OAK DRIVE WINTER HAVEN, FL 33880	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Burke, Virginia 4046 Rolling Oaks Dr Winter Haven, FL 33880	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS IRELAND, ANTHONETTA 4077 ROLLING OAKS DRIVE WINTER HAVEN, FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE Conary 4119 Spruce Wood Winter Haven, FL 33880	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SCHULDT, LA FOYE 4097 ROLLING OAKS WINTER HAVEN, FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Meyers, Earl 4352 Cherry wood Winter Haven, FL 33880	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUNSFORD, ROBERT 401 SPRUCEWOOD WINTER HAVEN, FL 33880	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LaFoye C. Schuldt LaFoye C. Schuldt 3/14/07 863-299-5696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President