2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# G92477

Entity Name: OAK WOOD ASSOCIATES, INC.

Current Principal Place of Business:

4028 ROLLING OAKS DRIVE
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

4028 ROLLING OAKS DRIVE
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-2423750 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAMBAUGH, ROBERT J
99 SIXTH ST SW
WINTER HAVEN, FL 33880 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: DT ( ) Delete
Name: MANGOLD, KATHRYN
Address: 4099 ROLLING OAKS DR
City-St-Zip: WINTER HAVEN, FL 33880

Title: DV ( ) Delete
Name: MOORE, DENNIS
Address: 4113 SPRUCE WOOD
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete
Name: BURKE, VIRGINIA
Address: 4046 ROLLING OAKS DR
City-St-Zip: WINTER HAVEN, FL 33880

Title: DS ( ) Delete
Name: IRELAND, ANTHONETTA
Address: 4077 ROLLING OAKS DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: DP ( ) Delete
Name: SCHULDT, LA FOYE
Address: 4097 ROLLING OAKS
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete
Name: KRENZ, DAVID
Address: 4310 CHERRY WOOD
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: MONDELLO, ROBERT
Address: 4235 CEDARWOOD
City-St-Zip: WINTER HAVEN, FL 33880

Title: DV (X) Change ( ) Addition
Name: ROBINSON, KENDAL J
Address: 4240 ROLLING OAKS DR.
City-St-Zip: WINTER HAVEN, FL 33880

Title: D (X) Change ( ) Addition
Name: MANGOLD, KATHRYN
Address: 4099 ROLLING OAKS DR
City-St-Zip: WINTER HAVEN, FL 33880

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

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

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

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: LAFOYE SCHULDT PRES 03/05/2009

Electronic Signature of Signing Officer or Director — Date