

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90073 004 ***150.00

DOCUMENT # L36933

1. Entity Name
SEVEN OAKS, INC.



Principal Place of Business
**9837 - 7 OAKS DR
CLERMONT, FL 34711 US**

Mailing Address
**9837 - 7 OAKS DR
CLERMONT, FL 34711 US**

20015000



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2988857

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARRA, JOSEPH J SR
9850 - 7 OAKS DR
CLERMONT, FL 34711**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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
**DS
TURNER, LAURANNE
9846 - 7 OAKS DR
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HEISNER, JAMES R
9837 - 7 OAKS DR
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MAINES, FRANK L
9841 - 7 OAKS DR
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MARRA, JOSEPH J SR
9850 - 7 OAKS DR
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CONDELL, JOELLEN
2809 WINDSOR HTS. ST.
DELTONA, FL 32738**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARRA, NICHOLAS
9849 - 7 OAKS DR
CLERMONT, FL 34711**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

James R. Heisner, TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-05

Date

352-394-5144

Daytime Phone #