

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**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



02012008 No Chg-P CR2E034 (11/05)

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

000000824366  
02/20/08-80073-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE: DS  
NAME: TURNER, LAURANNE  
STREET ADDRESS: 9846 - 7 OAKS DR  
CITY-ST-ZIP: CLERMONT, FL 34711

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

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

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

TITLE: D  
NAME: CONDELL, JOELLEN  
STREET ADDRESS: 576 RIVER OAKS DR  
CITY-ST-ZIP: OSTEEN, FL 32764

TITLE: D  
NAME: MARRA, NICHOLAS  
STREET ADDRESS: 9849 - 7 OAKS DR  
CITY-ST-ZIP: 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 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: Frank L. Maines  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**FRANK L. MAINES, TREASURER**

2-7-08 352-394-3066  
Date Daytime Phone #