

2004 FOR PROFIT CORPORATION ANNUAL REPORT


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FILED
Mar 17, 2004 8:00 am
Secretary of State

03-03-2004 90015 039 ***158.75

DOCUMENT # P03000011236

1. Entity Name
OAKS OF KISSIMMEE, INC.



Principal Place of Business
**2 NORTH PALAFOX STREET
PENSACOLA, FL 32501**

Mailing Address
**2 NORTH PALAFOX STREET
PENSACOLA, FL 32501**

66406439



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01122004 Chg-P CR2E034 (10/03)

City & State

City & State

Zip **32502** Country

Zip **32502** Country

4. FEI Number
82-0583776

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MCCRORY, SONDR
2 NORTH PALAFOX STREET
PENSACOLA, FL 32501

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code **32502**

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, SCOTT J 2 NORTH PALAFOX STREET PENSACOLA, FL 32501	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TREHERN, ED 2 NORTH PALAFOX STREET PENSACOLA, FL 32501	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOSTER, DANA R 2 NORTH PALAFOX STREET PENSACOLA, FL 32501	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOLAN, JOHN J JR. 2 NORTH PALAFOX STREET PENSACOLA, FL 32501	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *Scott J. Bell* **Scott J. Bell** 1/12/04 850-430-0187
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #