

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000018780

FILED  
Feb 06, 2012  
Secretary of State

Entity Name: OAKLEAF SOUTH CORPORATION

**Current Principal Place of Business:**

C/O KELLY, PASSIDOMO & ALBA, LLP  
2390 TAMIAMI TRAIL NORTH, STE 204  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KELLY, PASSIDOMO & ALBA, LLP  
2390 TAMIAMI TRAIL NORTH, STE 204  
NAPLES, FL 34103

**New Mailing Address:**

FEI Number: 59-3605934      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KELLY, CHARLES M JR  
C/O KELLY, PASSIDOMO & ALBA, LLP  
2390 TAMIAMI TRAIL NORTH, STE 204  
NAPLES, FL 34103 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

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: KARL, DEBORAH K  
Address: 2300 TAMIAMI TRAIL NORTH, STE 204  
City-St-Zip: NAPLES, FL 34103

Title: VP  
Name: WILSON, LARRY E  
Address: 2300 TAMIAMI TRAIL NORTH, STE 204  
City-St-Zip: NAPLES, FL 34103

Title: STD  
Name: LIEBERT, GLENN W  
Address: 2300 TAMIAMI TRAIL NORTH, STE 204  
City-St-Zip: NAPLES, FL 34103

I hereby 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 all other like empowered.

SIGNATURE: DEBORAH K. KARL

PCD

02/06/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date