

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 018335

1. Entity Name
OAKLAWN PARK INC



Principal Place of Business
**320 WHITE ST
DAYTONA BCH, FL 32114 US**

Mailing Address
**320 WHITE ST
DAYTONA BCH, FL 32114 US**



03232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1294606

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LETTER, EUGENE
1183 U.S. 1, NORTH
ORMOND BEACH, FL 32174**

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
LETTER, RAYMOND
STREET ADDRESS
363 WESTCHESTER DRIVE
CITY-ST-ZIP
DELAND, FL

TITLE
SV
NAME
LETTER, EUGENE
STREET ADDRESS
1183 U.S. 1, NORTH
CITY-ST-ZIP
ORMOND BEACH, FL

TITLE
T
NAME
LETTER, GARY
STREET ADDRESS
1183 U.S. 1, NORTH
CITY-ST-ZIP
ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene P. Letter
Eugene P. Letter

3/23/2007
3/23/2007

Date

386-677-5364
386-677-5364

Daytime Phone #