


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90086 011 ***150.00

DOCUMENT # 265157 1. Entity Name OAKLAND FARMS, INC.					
Principal Place of Business C/O 2357 SW 22ND CIRCLE E. OKEECHOBEE, FL 34974			Mailing Address PO DRAWER 1367 OKEECHOBEE, FL 34973		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1958 S.W. 28th Ave Suite, Apt. #, etc.			
City & State Okeechobee FL		City & State Okeechobee FL		4. FEI Number 59-1028222	
Zip 34974	Country FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HALES, NORMAN F 2357 SW 22ND CIRCLE E. OKEECHOBEE, FL 34974			7. Name and Address of New Registered Agent Name John F Hales Street Address (P.O. Box Number is Not Acceptable) 1958 S.W. 28th Ave. City Okeechobee FL Zip Code 34974		
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 <i>John F Hales</i> P.D. John F. Hales P.B. 3-1-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HALES, NORMAN F 2357 S.W. 22 CIRCLE, E. OKEECHOBEE, FL 34974 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. John F Hales 1958 S.W. 28 th Ave. Okeechobee FL 34974 <input checked="" type="checkbox"/> Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D. Lisa H. Renfranz 2206 S.W. 22 nd Circle S. Okeechobee FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Norman F. Hales</i> Norman F. Hales 3-1-05 863 763-3295 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					