


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 278205 1. Entity Name OAK VIEW ESTATES INC	
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Principal Place of Business 215 McDONALD STREET LAKELAND, FL 33803	Mailing Address P.O. BOX 2297 LAKELAND, FL 33806
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1050270	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BURT, GEORGE R
215 McDONALD STREET
P.O. BOX 2297
LAKELAND, FL 33806**

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURT, GEORGE R 215 McDONALD STREET LAKELAND, FL 33806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GLASS, ROSE 215 McDONALD ST. LAKELAND, FL 33806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BURT, JEAN O 215 McDONALD STREET LAKELAND, FL 33806
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**DO NOT WRITE
IN THIS SPACE**

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05/07/08-80036-006 150.00

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: George R. Burt, Pres **4-17-08**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GEORGE R. BURT