

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90026 002 ***158.75

DOCUMENT # 295363

1. Entity Name

OAKLAND ENTERPRISES, INC.



Principal Place of Business

**513 LAKE BLUE DRIVE
P.O. BOX 1594
LAKE PLACID FL 33852**

Mailing Address

**513 LAKE BLUE DRIVE
P.O. BOX 1594
LAKE PLACID FL 33852**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1279724**

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOSTER, JEANNE
537 SE 34TH AVE
OCALA FL 34471**

Name

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

City

FL

Zip Code

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
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** ☐ Delete
NAME **WILLIAMS, EUGENE A**
STREET ADDRESS **513 LAKE BLUE DRIVE**
CITY-ST- ZIP **LAKE PLACID FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE **D** ☐ Delete
NAME **JOHNSON, LESLIE W JR**
STREET ADDRESS **3720 E. OAKLAND PKWY BLVD**
CITY-ST- ZIP **FORT LAUDERDALE FL 33306**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST- ZIP

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: *Eugene Williams* **EUGENE WILLIAMS**

Date

Daytime Phone #

863-699-0867

2-4-004