

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90042 031 \*\*\*150.00

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

P.O. BOX 1594  
LAKE PLACID FL 33852

40045940



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1594  
N.P.

1st MOORE

CR2E034 (10/07)

City & State

City & State

LAKE PLACID FL 33862

4. FEI Number

59-1279724

Applied For

Not Applicable

Zip

Country

Zip

Country

33862

HIGHLAND

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, JEANNE  
537 SE 34TH AVE  
OCALA FL 34471

7. Name and Address of New Registered Agent

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

*Eugene Williams* EUGENE WILLIAMS PRES

3-5-008

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Eugene Williams* EUGENE WILLIAMS PRES

3-5-008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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