

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 364454

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** OYSTER BAY ESTATES INC

**Current Principal Place of Business:**

320 ELOISE ST.  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 38579  
TALLAHASSEE, FL 32315

**New Mailing Address:**

**FEI Number:** 59-1313657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KORNEGAY, ROBERT W  
320 ELOISE ST.  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** KORNEGAY, ROBERT W  
**Address:** 320 ELOISE ST.  
**City-St-Zip:** TALLAHASSEE, FL 32312

**Title:** SDT  
**Name:** ATKINSON, BETTY K  
**Address:** 182 WHITE OAK DRIVE  
**City-St-Zip:** CRAWFORDVILLE, FL 32327

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ROBERT KORNEGAY

PD

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date