

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90211 024 ***150.00

DOCUMENT # 421916

1. Entity Name
OAKLEY INVESTMENT OF PASCO COUNTY, INC.



Principal Place of Business
**12649 TRADITION DRIVE
DADE CITY, FL 33525 US**

Mailing Address
**12649 TRADITION DRIVE
DADE CITY, FL 33525 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212005 Chg-P CR2E034 (10/03)

4. FEI Number
59-1483038

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

**OAKLEY, TOM ED
12649 TRADITION DRIVE
DADE CITY, FL 33525**

Name
Patricia A. Oakley
Street Address (P.O. Box Number is Not Acceptable)
12649 Tradition Drive

City **Dade City** **FL** Zip Code **33525**

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 *Patricia A. Oakley*

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

(NOTE: Registered Agent signature required when reinstating)

4.25.05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
OAKLEY, TOM ED
12649 TRADITION DRIVE
DADE CITY, FL 33525** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MAGGARD, ANN
W CLINTON AVE
DADE CITY, FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
OAKLEY, PATRICIA A.
12649 TRADITION DRIVE
DADE CITY, FL 33525** ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Change ☐ 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: *Patricia A. Oakley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.05

DATE

352.588.2583

DAYTIME PHONE #