

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90035 022 ***150.00

DOCUMENT # 610497

1. Entity Name
OAKES AND ASSOCIATES INSURANCE AGENCY, INC.



Principal Place of Business
**4111 LAND O'LAKES BLVD. #108
LAND O'LAKES, FL 34639**

Mailing Address
**4111 LAND O'LAKES BLVD. #108
LAND O'LAKES, FL 34639**

20006829



03052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1880572

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DEGAIN, DONALD E.
7807 PINEVIEW DR.
ODESSA, FL 33556**

**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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	DEGAIN, DONALD EDWARD
STREET ADDRESS	7807 PINEVIEW DR.
CITY - ST - ZIP	ODESSA, FL 33556
TITLE	T
NAME	DEGAIN, DONNA M
STREET ADDRESS	7807 PINEVIEW DR.
CITY - ST - ZIP	ODESSA, FL 33556
TITLE	VP
NAME	DEGAIN, DANIELLE C
STREET ADDRESS	216 N GOMEZ AVE
CITY - ST - ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**8562 HUNTERS KEY CIRCLE
TAMPA, FL 33647 DR**

DIX

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/07

Date

813 996-4111

Daytime Phone #