2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # 610625

1. Entity Name
OAK-LOOSA, INC.

Principal Place of Business	Mailing Address
115 COURTHOUSE TERR PO BOX 1131 CRESTVIEW, FL 32536	115 COURTHOUSE TERR PO BOX 1131 CRESTVIEW, FL 32536

DO NOT WRITE IN THIS SPACE

01162007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1998243
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PARKER, BILL E.
#115 COURTHOUSE TERRACE
CRESTVIEW, FL 32536

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	PARKER, WALTER T
STREET ADDRESS	PO BOX 966
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	VP
NAME	PARKER, BILL E
STREET ADDRESS	115 COURTHOUSE TERR
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	S
NAME	MASON, TRACI P
STREET ADDRESS	PO BOX 982
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	T
NAME	PARKER, MELINDA
STREET ADDRESS	PO BOX 2215
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/07-80105-022 150.00

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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: _____ WALTER T. PARKER, JR PRES. 1-23-07 850-682 3889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #