

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 610625 1. Entity Name OAK-LOOSA, INC.	
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Principal Place of Business 115 COURTHOUSE TERR PO BOX 1131 CRESTVIEW, FL 32536	Mailing Address 115 COURTHOUSE TERR PO BOX 1131 CRESTVIEW, FL 32536
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

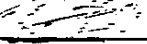
4. FEI Number 59-1998243	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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  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
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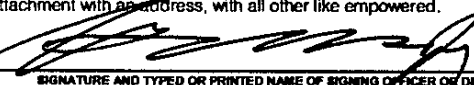
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARKER, WALTER T PO BOX 966 CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKER, BILL E 115 COURTHOUSE TERR CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASON, TRACI P PO BOX 982 CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARKER, MELINDA PO BOX 2215 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-07 850-682 3689
Date Daytime Phone #