

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90066 028 \*\*\*150.00

DOCUMENT # 684672

1. Entity Name

OAKBROOK CONSTRUCTION, INC.



Principal Place of Business

OAKBROOK HOMES, INC.  
3573 ENTERPRISE AVE #54  
NAPLES FL 34104  
US

Mailing Address

OAKBROOK HOMES, INC.  
3573 ENTERPRISE AVE #54  
NAPLES FL 34104  
US



2. Principal Place of Business - No P.O. Box #

1181 LUDLOW CT.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1639  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Mano Island FL

City & State

Mano IE FL

4. FEI Number

59-2072464

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLI, EDWARD R.  
3573 ENTERPRISE AVE #54  
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name EDWARD R. GALLI

Street Address (P.O. Box Number is Not Acceptable)

1181 Ludlow CT.

City Mano IS FL 34145

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	GALLI, EDWARD R	
STREET ADDRESS	3573 ENTERPRISE AVE., #54	
CITY - ST - ZIP	NAPLES FL 34104	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	GALLI, PEGGY L	
STREET ADDRESS	3573 ENTERPRISE AVE., #54	
CITY - ST - ZIP	NAPLES FL 34104	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1181 Ludlow CT	
CITY - ST - ZIP	Mano IS, FL 34145	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #