## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 685927** 

City-St-Zip:

NEW YORK, NY 10020

FILED Mar 24, 2008 Secretary of State

Entity Name: WILD OAK PLANTATION, INC.					
Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
111 W 50TH STREET 7TH FLOOR NEW YORK, NY 10020				581705 WHITE OAK RD YULEE, FL 32097 US	
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
581705 WHITE OAK RD YULEE, FL 32097				581705 WHITE OAK RD YULEE, FL 32097 US	
FEI Number:	13-3038102	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
SORRENTINO, DOMINICK 581705 WHITE OAK RD YULEE, FL 32097 US			581705 WHITÉ C	SORRENTINO, DOMINICK R 581705 WHITE OAK RD YULEE, FL 32097 US	
The above in the State		submits this statement for the p	urpose of changing its regi	stered office or registered agent, or both,	
SIGNATURE: DOMINICK R SORRENTINO				03/24/2008	
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) BERGREEN, B 111 W 50TH ST NEW YORK, N	Γ, 7TH FLOOR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) MOODY, NATA 111 W 50TH S' NEW YORK, N'	Γ, 7TH FLOOR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	ST () CROPPER, STI 111 W 50TH ST		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: STEPHEN W CROPPER ST 03/24/2008