

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


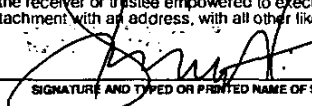
**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90044 008 \*\*\*150.00

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01062005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 692648</b>					
1. Entity Name OAKHILL VILLAGE, INC.					
Principal Place of Business 124 OAKHILL KEY CT VALRICO, FL 33594			Mailing Address 1046 MIDDLESEX DR NEW PORT RICHEY, FL 34655 US		
2. Principal Place of Business 124 OAKHILL KEY CT.			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2110584	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORSETTI, STEPHEN 1046 MIDDLESEX DR NEW PORT RICHEY, FL 34655			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORSETTI, STEPHEN E		NAME		
STREET ADDRESS	1046 MIDDLESEX DR		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORSETTI, THOMAS J		NAME		
STREET ADDRESS	515 OAK BRIDGE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	ALPHARETTA, GA 30022		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORSETTI, ALBERT J JR		NAME		
STREET ADDRESS	2107 HERITAGE CREST DR		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER, FL 00000.		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARKE, DEBORAH A		NAME		
STREET ADDRESS	522 MARCO DR.		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			1/7/05 727-372-5919		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		