


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90177 048 \*\*\*150.00

DOCUMENT # F01000005975					
1. Entity Name <b>OAKLEY SALES CORP.</b>					
Principal Place of Business 1 ICON FOOTHILL RANCH, CA 92610			Mailing Address 1 ICON FOOTHILL RANCH, CA 92610		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>33-0986219</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD NEWCOMB, LINK 1 ICON FOOTHILL RANCH, CA 92610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GORDON, DONNA 1 ICON FOOTHILL RANCH, CA 92610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RIOS, TOMMY 1 ICON FOOTHILL RANCH, CA 92610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			4/27/2006 (949) 829-6262 <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

# ATTACHMENT

66021756

July 6, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Taxpayer:** Oakley Sales Corp  
**Taxpayer ID:** 33-0986219  
**Document #:** F01000005975  
**Tax Year:** 12/31/2002

To Whom It May Concern:

We mailed the 2006 annual report with \$150 payment on April 28, 2006 (see attached certified mail with return receipt). The return copy mailed was inadvertently an unsigned copy. We never received a notice of correction in our office, but later received your notice of intent to dissolve. Attached is the signed copy of the 2006 annual report and we respectfully ask that any penalties be waived. Should you have any additional questions you can contact me at (949) 639-1224.

Sincerely,



Andy Mordy  
Senior Tax Analyst

Encl.



OAKLEY, INC.  
ONE ICON  
FOOTHILL RANCH  
CALIFORNIA 92610

PHONE: 949.951.0991

FAX: 949.699.3500

WWW.OAKLEY.COM

# ATTACHMENT

66021756  
# F01000005975

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent to	Florida Department of State
Street or P.O. Box	Division of Corporations
City	P. O. Box 1500
	Tallahassee, FL 32302-1500
	OSC Annual Report
PS Form 3811, February 2004	Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>1. Article Addressed to:</p> <p>Florida Department of State Division of Corporations P. O. Box 1500 Tallahassee, FL 32302-1500 OSC Annual Report</p>	<p>2. Article Number (Transfer from serv) 7001 2510 0005 7846 3485</p>

ATTACHMENT

66021756  
#F01000005975



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Sue M. Cobb  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

First-Class Mail  
U.S. Postage  
**PAID**  
State of Florida  
84321

## NOTICE OF INTENT TO DISSOLVE

0215358 01 AT 0.183 \*\*AUTO T3 1 1203 92610-300001



OAKLEY SALES CORP.  
1 ICON  
FOOTHILL RANCH CA 92610-3000

**\* DO NOT SEND A CHECK WITH THE POSTCARD IT WILL DELAY PROCESSING \***

**OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.**

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document #

F01000005975

OAKLEY SALES CORP.  
1 ICON  
FOOTHILL RANCH CA 92610-3000

Note: This is not a change  
to the address of record.



2006  
CR2E095 - 2nd 4/06