

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # F04000006684

1. Entity Name
OAKTON INTERNATIONAL CORPORATION



Principal Place of Business
**2714 CLARKES LANDING DR.
OAKTON, VA 22124-1118**

Mailing Address
**2714 CLARKES LANDING DR.
OAKTON, VA 22124-1118**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1605631	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SMITH, MARK R
1961 SE 19TH STREET
POMPAÑO BEACH, FL 33062**

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000791603
01/23/08-80080-025 150.00

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000791603
01/23/08-80080-024 8.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SMITH, ROBERT E JR 2714 CLARKES LANDING DR. OAKTON, VA 221241118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SMITH, SCOTT F 4887 CHERRY CREEK PARKWAY S. COLUMBUS, OH 432282759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINDRA, CLAYTON D DR. 6229 HIDDEN CLEARING COLUMBIA, MD 21045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MARK R 1961 S.E. 19TH STREET POMPAÑO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Robert E. Smith Jr. Robert E. Smith Jr. 01/18/2008 (703)620-5886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #