

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2007 08:00 AM  
Secretary of State

DOCUMENT # F14393

1. Entity Name  
GREAT OAK, INC.



Principal Place of Business  
4658 WHISPERING PINES BLVD.  
KISSIMMEE, FL 34758

Mailing Address  
4658 WHISPERING PINES BLVD.  
KISSIMMEE, FL 34758



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
25-1399053

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HENRY, WILLIAM J  
4658 WHISPERING PINES BLVD.  
KISSIMMEE, FL 34758

**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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/T  
LATIMER, LUKE A  
P O BOX 769  
NEW ALEXANDRIA, PA 15670

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
HENRY, WILLIAM J JR  
4658 WHISPERING PINES BLVD.  
KISSIMMEE, FL 34758

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
LATIMER, MATTHEW J  
PO BOX 769  
NEW ALEXANDRIA, PA 15670

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000629760  
02/19/07-80013-024 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07 407-847-2407  
Date Daytime Phone #