

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F98000003134

1. Entity Name  
LOST OAKS, INC.



Principal Place of Business  
591 W. PUTNAM AVE.  
GREENWICH, CT 06830 US

Mailing Address  
591 W. PUTNAM AVE.  
GREENWICH, CT 06830 US

**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number  
06-1498505

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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, 2005 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	PCEO KLEEMAN, MERRICK 591 W. PUTNAM AVE. GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT SILVEY, JEROME 591 W. PUTNAM AVE. GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GEIMER, ROBERT 320 INTERSTATE NORTH PARKWAY ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SLOYER, MICHAEL 591 W. PUTNAM AVE. GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP DISHNER, JEFFERY 591 W. PUTMAN AVENUE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/16/05-80050-003 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome C. Silvey

Date

1/13/05 203-422-7701

Daytime Phone #