

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90146 048 ***150.00

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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**

40068053



02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2006 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

**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

Jerome Silvey

3/9/06
Date

(203) 422-7701
Daytime Phone #