## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 12, 2007 08:00 A ——Secretary of State DOCUMENT # G26486 1. Entity Namo TWIN OAKS CONSTRUCTION, INC. Principal Place of Business Mailing Address % FRANK J. MANZI % FRANK J. MANZI 1122 SE 31ST ST. 1122 SE 31ST ST. CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (10/06) 1st MOORE City & Stato City & State 4. FEI Number Applied For 59-2274991 Not Applicable 7in Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo MANZI, FRANK J. Street Address (P.O. Box Number is Not Acceptable) 1122 SE 31ST ST. CAPE CORAL FL 33904 Zip Code FL 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, lyped or printed name of registered agent and title if applicable, DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 er Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ■ Add↓lion MANZI, FRANK J NAME NAME 1122 SE 31ST ST STREET ADDRESS STREET ADDRESS CAPE CORAL, FL 00000 CITY - ST - ZIP CITY - ST - 7IP 00000066475<u>B</u> c<sub>nange</sub> 22/07-80059-003 TITLE Delete TITLE MANZI, MARIE NAME NAME 1122 SE 31ST ST. STREET ADDRESS STREET ADDRESS CAPE CORAL FL CITY-SI-7/P CITY-ST-7IP TITLE Delete IIILE Change Addition FRANCIS. HAROLD NAM MAME 1122 SE 31ST ST STRUET ADDRESS STREET ADDRESS CAPE CORAL FL CITY-SI-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY - ST - ZIP THIE ☐ Celeie TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 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: Wew I Van TRANKSIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/07 239-549-636

FILED