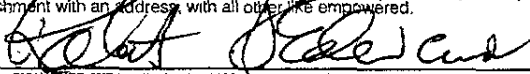


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # G56567 1. Entity Name OAK CREEK GROVE INC.		
Principal Place of Business 2815 HAMMOCK DR PLANT CITY, FL 33567 US	Mailing Address 2815 HAMMOCK DR PLANT CITY, FL 33567 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent EDWARDS, ROBERT S 2815 HAMMOCK DR PLANT CITY, FL 33567		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)		
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	PD EDWARDS, ROBERT S 2815 HAMMOCK DR PLANT CITY, FL 33567	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EDWARDS, ROBERT S JR 836 N CRYSTAL LAKE DR APT #5 LAKELAND, FL 33801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 Robert S. Edwards		4/30/05 813-752-2740 Date Daytime Phone #



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2336918	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

U00000361646
05/05/05-80079-025 150.00

**DO NOT WRITE
IN THIS SPACE**