


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90208 006 \*\*\*150.00

**DOCUMENT # G78602**

1. Entity Name  
**LONE OAK CORPORATION**



Principal Place of Business      Mailing Address

**250 PARK AVE SOUTH  
 SUITE 630  
 WINTER PARK, FL 32789    US**

**P.O. BOX 3010  
 WINTER PARK, FL 32790-3010 US**

**DO NOT WRITE IN THIS SPACE**



04052004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-2359558</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BATTAGLIA, W P  
 250 PARK AVE SOUTH  
 SUITE 630  
 WINTER PARK, FL 32789**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	<del>BATTAGLIA, W.P.</del>
STREET ADDRESS	<del>881 MAYFIELD AVENUE</del>
CITY-ST-ZIP	<del>WINTER PARK, FL</del>
TITLE	DVST
NAME	BATTAGLIA, R.E
STREET ADDRESS	P.O. BOX 3010
CITY-ST-ZIP	WINTER PARK, FL 32790
TITLE	DP
NAME	BATTAGLIA, W.P.
STREET ADDRESS	P.O. BOX 3010
CITY-ST-ZIP	WINTER PARK, FL 32790
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** W.P. Battaglia      **W.P. Battaglia, President**      **4/30/04**      **407-622-1700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #