## 2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # G78602 1. Entity Name LONE OAK CORPORATION Principal Place of Business Mailing Address 250 PARK AVE SOUTH P.O. BOX 3010 WINTER PARK, FL 32790-3010 US SUITE 630 WINTER PARK, FL 32789 US DO NOT WRITE IN THIS SPACE

## **FILED** May 02, 2005 8:00 am Secretary of State

05-02-2005 90452 045 \*\*\*150.00



| 04262005      | No Chg-P | CR2E034 (10/03) |             |
|---------------|----------|-----------------|-------------|
| 4. FEI Number |          |                 | Applied For |

| BATTAGLIA, W P 250 PARK AVE SOUTH SUITE 630 WINTER PARK, FL 32789  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 a the obligations of registered agent.  SIGNATURE  FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  TILE  DVST NAME BATTAGLIA, R.E SIMER ADDRESS P.O. BOX 3010 CITY-ST-2P WINTER PARK, FL 32790 TITLE MAKE SIMER ADDRESS WINTER PARK AND ADDRESS WINTER  |  |                                       | 59-2359558  | Not Applicable                             |
|--|--|---------------------------------------|---|--|
| 6. Name and Address of Current Registered Agent  BATTAGLIA, W P 250 PARK AVE SOUTH SUITE 630 WINTER PARK, FL 32789  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 a the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  TITLE NAME BATTAGLIA, R.E P.O. BOX 3010 CITY-ST-2P WINTER PARK, FL 32790 TITLE NAME BATTAGLIA, W.P. SIREET ADDRESS CITY-ST-2P WINTER PARK, FL 32790 TITLE NAME BATTAGLIA, W.P. SIREET ADDRESS CITY-ST-2P WINTER PARK, FL 32790 TITLE NAME SIREET ADDRESS CITY-ST-2P WINTER PARK, FL 32790 TITLE NAME SIREET ADDRESS CITY-ST-2P WINTER PARK, FL 32790 TITLE NAME SIREET ADDRESS CITY-ST-2P WINTER PARK, FL 32790 TITLE NAME SIREET ADDRESS CITY-ST-2P WINTER PARK, FL 32790 TITLE NAME SIREET ADDRESS CITY-ST-2P SIREET ADDRESS CITY-ST-2P SIREET ADDRESS SIREET ADRESS SIREET ADDRESS SIRET ADDRESS  | ·  |                                       | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required             |
| 250 PARK AVE SOUTH SUITE 630 WINTER PARK, FL 32789  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. 1 am familiar with, and a the obligations of registered agent.  Signature  Signature  Signature  FILE NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  Trust Fund Contribution.  OFFICERS AND DIRECTORS  Trust Fund Contribution.  DVST NAME BATTAGLIA, R.E P.O. BOX 3010  GITY-ST-2P  WINTER PARK, FL 32790  ITILE NAME BATTAGLIA, W.P. SIRET ADRESS CITY-ST-2P  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  STREET ADRESS SIRET ADRE | 6. Name and Address of Current Regis   | Agent                                 |   | i as i aquita                              |
| SIGNATURE Signature, typed of printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating)  PILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  ITILE BATTAGLIA, R.E SIREET ADDRESS UNITER PARK, FL 32790  ITILE UP BATTAGLIA, W.P. SIREET ADDRESS CITY-ST-ZIP UNITER PARK, FL 32790  DO NOT WRITE INLE NAME SIREET ADDRESS CITY-ST-ZIP UNITER PARK, FL 32790  DO NOT WRITE IN THIS SPACE  SIREET ADDRESS SIREET ADR | 250 PARK AVE SOUTH<br>SUITE 630  |                                       |   |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  TITLE DVST NAME BATTAGLIA, R.E SIREET ADDRESS P.O. BOX 3010 CITY-SI-ZIP WINTER PARK, FL 32790  TITLE DP NAME BATTAGLIA, W.P. SIREET ADDRESS P.O. BOX 3010 CITY-SI-ZIP WINTER PARK, FL 32790  TITLE NAME BATTAGLIA, W.P. TITLE DP NAME BATTAGLIA, W.P. SIREET ADDRESS P.O. BOX 3010 CITY-SI-ZIP WINTER PARK, FL 32790  TITLE NAME SIREET ADDRESS P.O. BOX 3010 CITY-SI-ZIP WINTER PARK, FL 32790  TITLE NAME SIREET ADDRESS SIREET ADDRESS P.O. BOX 3010 CITY-SI-ZIP WINTER PARK, FL 32790  TITLE NAME SIREET ADDRESS SIREET ADDRES | the obligations of registered agent.   | ise of changing its registered office | or registered agent, or both, in the State of   | Florida. I am familiar with, and accept    |
| After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.    Added to Fees  |  | cable. (NOTE: Registered Agent sign   | nature required when reinstating)   | DATE                                       |
| TITLE DVST NAME BATTAGLIA, R.E STREET ADDRESS CITY-S1-ZIP WINTER PARK, FL 32790  TITLE DP NAME BATTAGLIA, W.P. STREET ADDRESS CITY-S1-ZIP WINTER PARK, FL 32790  TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS   |  |                                       | \$5.00 May Be Added to Fees   |  |
| TITLE NAME STREET ADDRESS  | TITLE DVST BATTAGLIA, R.E P.O. BOX 3010 WINTER PARK, FL 32790  FILE DP BATTAGLIA, W.P. FIRET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32790  WINTER PARK, FL 32790 | IS                                    |   |  |
| TITLE NAME SIREET ADDRESS CITY-S1-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 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 direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; the same legal effect as if made under oat   | ITILE  KAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this f   | does not qualify for the exemption s  | stated in Section 119.07(3)(i), Florida Statute<br>Il have the same legal effect as if made und | is. I further certify that the information |

changed, or on an attachment with an address, with all other like empowered. INDR

| SIGNATURE: | OPI          | Jay                  |                        |
|------------|--------------|----------------------|------------------------|
| _          | SIGNATURE AN | D TYPED OR PRINTED N | AME OF SIGNING OFFICER |

W.P. Battaglia, President

4/27/05 407-622-1700

Date

Daytime Phone #