2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State
02-13-2006 90043 016 ***150.00

DOCUMENT # H82938

1. Entity Name
OATS REALTY, INC.

Principal Place of Business	Mailing Address
3455-B S MCCALL RD ENGLEWOOD, FL 34224 US	PO BOX 37087 EL JOBEAN, FL 33927 US

02102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
3751-B CAPE HAZE Dr		P.O. BOX 1137	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ROTONDA FL		City & State: Englewood, FL	
Zip: 33947	Country: USA	Zip: 34295	Country:

4. FEI Number: 59-2588731 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OATHOUT, LARRY
2362 RISKEN TERR
PORT CHARLOTTE, FL 33981

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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	PD	☐ Delete
NAME	OATHOUT, LARRY	
STREET ADDRESS	2362 RISKEN TER.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	
TITLE	VST	☐ Delete
NAME	OATHOUT, GLENDA	
STREET ADDRESS	2362 RISKEN TERR.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] LARRY OATHOUT 2-10-06 941 475-5411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #