


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # J04495 1. Entity Name OAKVIEW LAKES, INC.	
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Principal Place of Business %ROGER N WRIGHT 300 S. WASHINGTON AVE. FT. MEADE, FL 33841	Mailing Address %ROGER N WRIGHT 300 S. WASHINGTON AVE. FT. MEADE, FL 33841
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01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2669147	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent WRIGHT, ROGER N. 300 SOUTH WASHINGTON AVE. 4400 HWY. 98 EAST FORT MEADE, FL 33841

**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: _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	DP WRIGHT, ROGER N. HWY 98 E FT. MEADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WRIGHT, SUSAN E. 845 MISSISSIPPI AVENUE LAKE LAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WRIGHT, DALE S. 22245 WEST HIGHWAY 40 DUNNELLON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WRIGHT, JANET H. HWY 98 E FT. MEADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/06/06-80023-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **Roger Wright** **2-16-06** **863-285-8151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #