



Apr 06
Sec

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K52748 1. Entity Name OAKLAND MORTGAGE COMPANY, INC.		
Principal Place of Business % SHARON A. PICKARD 2550 N FEDERAL HWY 18 & 19 FT. LAUDERDALE, FL 33305		Mailing Address % SHARON A. PICKARD 2550 N FEDERAL HWY 18 & 19 FT. LAUDERDALE, FL 33305
DO NOT WRITE IN THIS SPACE		
		
03152005 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0090878		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PICKARD, SHARON A. 2550 N FEDERAL HWY FT. LAUDERDALE, FL 33305		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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKARD, SHARON A. 2550 N. FEDERAL HWY. #18 & 19 FT. LAUDERDALE, FL 33305	
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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)(f), 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 info. empowered.		
SIGNATURE: <u>Sharon A. Pickard</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/2/05 954-564-5160 Date Daytime Phone #