ANNUAL REPORT

DOCUMENT # K52748

OAKLAND MORTGAGE COMPANY, INC.



Mar 16 Secr

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



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03132008	No Chg-P	CR2E034 (11/05)	

4. FEI Number | Applied For | 65-0090878 | Not Application | \$8.75 Additional | Fee Required |

DO NOT WRITE IN THIS SPACE

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

		1			
6. The above the obligat	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	d office or i	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered apent and Title if	modicable BICUF Recistored	Agent signature	e required when reinstating)	DATE
FIL After M	E NOWIII FEE 18 \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.		\$5.00 May Be Added to Fees	Unit.
10.	OFFICERS AND DIRECT	TORS			
TITLE Name Street address City-St-Zip	D PICKARD, SHARON A. 2550 N. FEDERAL HWY, \$18 & 19 FT. LAUDERDALE, FL 33305				
ntle Name Street address City-St-Zip					000000469137 03/25/06-80016-005 150.00
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STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
ntle Name Street address City-St-Zip					
12 Thereby	pertity that the information supplied with this fill	ing dope not qualify for the ever	notions co	nteined in Chanter 11	9 Florida Statutes 1 further certify that the information

12. I nereby 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 eath; 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 life empowered.

SIGNATURE:

STGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3-13-06

954-564-5160

Date

Daytime Phone #