

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # K54190 1. Entity Name OAKVIEW CORP.	
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Principal Place of Business % RICHARD F. LYNCH 106 PINEVIEW ROAD JUPITER, FL 33469-3114 US	Mailing Address % RICHARD F. LYNCH 106 PINEVIEW ROAD JUPITER, FL 33469-3114 US
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04022006 No Chg. P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. Fed Number 65-0092355	Applied for Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LYNCH, RICHARD F. 106 PINEVIEW ROAD JUPITER, FL 33469
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**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: _____ (Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when resigning) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPST LYNCH, RICHARD F. 106 PINEVIEW ROAD JUPITER, FL 334693114
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**DO NOT WRITE
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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: *RAZ Lyn* **RICHARD F LYNCH PRES** *4-3-06* *561-746-9506*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #