


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90561 043 ***150.00

DOCUMENT # K62846 1. Entity Name OAKS REALTY, INC.			
Principal Place of Business 8830 S TAMiami, TR STE # 100 SARASOTA, FL 34238 US		Mailing Address 8830 S TAMiami, TR STE # 100 SARASOTA, FL 34238 US	
2. Principal Place of Business 7519 B South TAMiami TR		3. Mailing Address 7519 B South TAMiami TR	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State SARASOTA FL		City & State SARASOTA FL	
Zip 34231	Country USA	Zip 34231	Country USA
4. FEI Number 65-0104943		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALMERI, CHARLES J. 299 ST. JAMES PARK OSPREY, FL 34229		7. Name and Address of New Registered Agent Name PALMERI Charles J. Street Address (P.O. Box Number is Not Acceptable) 1127 MALLARD MARSH DR City OSPREY FL Zip Code 34229	
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: <i>Charles J. Palmeri</i> Pres DATE: 4/12/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME PALMERI, CHARLES J.	<input type="checkbox"/> Delete	
STREET ADDRESS 229 ST. JAMES PARK	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP OSPREY, FL 34229	1127 MALLARD MARSH DR OSPREY FL 34229		
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Charles J. Palmeri</i> Pres <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> CHARLES J. PALMERI, President		Date: 4/12/05 Daytime Phone #: 941-966-7003	