


FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90392 023 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K63520			
1. Entity Name OAKLEY LANDSCAPING, INC.			
Principal Place of Business 5633 NUTMEG AVE SARASOTA, FL 34231 US		Mailing Address 5633 NUTMEG AVE SARASOTA, FL 34231 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 65-0097967		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 GARY T. OAKLEY 5633 NUTMEG AVE SARASOTA, FL 34231		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____			
SIGNATURE, typed or printed name of registered agent and title if applicable.		SIGNATURE, typed or printed name of registered agent and title if applicable.	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OAKLEY, GARY T.	NAME	JAMES DUNCAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5633 NUTMEG	STREET ADDRESS	3051 CLARK RD
CITY-ST-ZIP	SARASOTA, FL	CITY-ST-ZIP	SARASOTA FL 34231
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURR, RANDALL	NAME	SEFERCY Freed <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2906 VINSON AVENUE	STREET ADDRESS	1519-54th Dr West
CITY-ST-ZIP	SARASOTA, FL	CITY-ST-ZIP	BRADENTON FL 34207
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYER, JEFF	NAME	Terrence Mulligan
STREET ADDRESS	3618 ALOHA DRIVE	STREET ADDRESS	5633 NUTMEG AVE
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP	SARASOTA FL 34231
TITLE	<input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	William Dyer
STREET ADDRESS		STREET ADDRESS	4707 HIDDEN LAKE BLVD
CITY-ST-ZIP		CITY-ST-ZIP	SARASOTA FL 34231
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>Gary T Oakley, Jr - President</i>		Date: 4/24/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 941-322-402	

