

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90185 024 ***150.00

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**

50048377



04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0097967		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

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	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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			
STREET ADDRESS	5633 NUTMEG			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DUNCAN, JAMES			NAME	Willie Simmons		
STREET ADDRESS	3051 CLARK RD			STREET ADDRESS	1296 Dr MLK Pl		
CITY-ST-ZIP	SARASOTA, FL 34231			CITY-ST-ZIP	Palmetto, FL 34221		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DYER, JEFF			NAME			
STREET ADDRESS	3618 ALOHA DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34232			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREED, JEFFREY			NAME			
STREET ADDRESS	1519 54TH DRIVE WEST			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34207			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULLIGAN, TERRENCE			NAME			
STREET ADDRESS	5633 NUTMEG AVE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34231			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DYER, WILLIAM			NAME			
STREET ADDRESS	4707 HIDDEN LAKE BLVD			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34231			CITY-ST-ZIP			

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: Gary Oakley SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #