

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90230 030 ***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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292007

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0097967

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARY T. OAKLEY
5633 NUTMEG AVE
SARASOTA, FL 34231

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME OAKLEY, GARY T.
STREET ADDRESS 5633 NUTMEG
CITY-ST-ZIP SARASOTA, FL ☐ Delete

TITLE VP
NAME LUIS VASQUEZ
STREET ADDRESS 2706 COCONUT BAY # 2A
CITY-ST-ZIP SARASOTA FL 34234 ☐ Change ☒ Addition

TITLE VP
NAME DYER, JEFF
STREET ADDRESS 3618 ALOHA DRIVE
CITY-ST-ZIP SARASOTA, FL 34232 ☐ Delete

TITLE VP
NAME ARRON GARDNER
STREET ADDRESS 2047 FIESTA
CITY-ST-ZIP SARASOTA FL 34231 ☐ Change ☒ Addition

TITLE VP
NAME FREED, JEFFREY
STREET ADDRESS 1519 54TH DRIVE WEST
CITY-ST-ZIP BRADENTON, FL 34207 ☐ Delete

TITLE VP
NAME MARION OAKLEY
STREET ADDRESS 5633 NUTMEG AVE
CITY-ST-ZIP SARASOTA FL 34231 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07

Date

Daytime Phone #