

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**



**DOCUMENT # K78593**  
1. Entity Name  
**OAK TRACE INVESTMENT CORPORATION**

Principal Place of Business      Mailing Address  
BOX 1902      BOX 1902  
TAMPA, FL 33601 US      TAMPA, FL 33601 US



04052004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-3026467**      Not Applicable  
5. Certificate of Status Desired     **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CREIGHTON, DARRYL  
3000 W. MARTIN LUTHER KING  
TAMPA, FL 33607

**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 the if applicable      (NOTE: Registered Agent signature required when re-stating)      DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing     **\$5.00** May Be Added to Fees  
Trust Fund Contribution

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST CREIGHTON, DARRYL BOX 1902 TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JASPERSON, MARK 9824 BAY ISLAND DRIVE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

~~04/12/04 08:00 AM 025 158.75~~  
04/12/04-80075-025 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: *Darryl Creighton*      Date: 4/8/04      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*Darryl Creighton*