




**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K78593</b> 1. Entity Name <b>OAK TRACE INVESTMENT CORPORATION</b>			
Principal Place of Business <b>BOX 1902 TAMPA, FL 33601 US</b>		Mailing Address <b>BOX 1902 TAMPA, FL 33601 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04102005 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>59-3026467</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>CREIGHTON, DARRYL 3000 W. MARTIN LUTHER KING TAMPA, FL 33607</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000320969</b> <b>04/21/05-80055-025 150.00</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST CREIGHTON, DARRYL BOX 1902 TAMPA, FL</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP JASPERSON, MARK 9824 BAY ISLAND DRIVE TAMPA, FL 33615</b>		
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TITLE NAME STREET ADDRESS 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 employees.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Darryl Creighton</b>		Date <b>4/11/05</b> Daytime Phone # _____	