

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90456 026 ***550.00

DOCUMENT # L03668

1. Entity Name
OAK HILL PLANTATION, INC.



Principal Place of Business

P.O. BOX 191
106 HATLEY STREET SE
JASPER, FL 32052 US

Mailing Address

P.O. BOX 191
106 HATLEY STREET SE
JASPER, FL 32052 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012003

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2964533

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

RATLIFF, RONALD H.
14859 SE CR 137
JASPER, FL 32052

Name **Ronald H. Ratliff**

Street Address (P.O. Box Number is Not Acceptable)
4466 US Hwy 41 S

City **Jasper**

FL

Zip Code **32052**

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 restateing)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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** ☐ Delete
NAME **RATLIFF, RONALD H**
STREET ADDRESS **14859 SE CR 137**
CITY-ST-ZIP **JASPER, FL 32052**

TITLE **P** ☐ Change ☐ Addition
NAME **Ratliff, Ronald H.**
STREET ADDRESS **4466 US Hwy 41 South**
CITY-ST-ZIP **Jasper, FL 32052**

TITLE **D** ☐ Delete
NAME **MOODY, JAMES M**
STREET ADDRESS **1500 COUNTY ROAD 6 EAST**
CITY-ST-ZIP **JASPER, FL 32052**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 empowered.

SIGNATURE: *Ronald H. Ratliff, President* **Ronald H. Ratliff**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/04 **386-7928484**

Date Daytime Phone #