

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-10-2004 90456 024 ***550.00

DOCUMENT # L26019 1. Entity Name OAK WOODLANDS, INC.			
Principal Place of Business PO BOX 191 105 HATLEY STREET SE JASPER, FL 32052		Mailing Address PO BOX 191 105 HATLEY STREET SE JASPER, FL 32052	
2. Principal Place of Business 106 Hatley Street SE Suite, Apt. #, etc.		3. Mailing Address P.O. Box 191 106 Hatley Street SE Suite, Apt. #, etc.	
City & State Jasper, Fl. Zip Country 32052		City & State Jasper, Fl. Zip Country 32052	
4. FEI Number 59-2978597		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RATLIFF, RONALD H 14859 SE CR 137 JASPER, FL 32052		7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 4466 U.S. Highway 41 South Jasper, Fl. 32052 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME RATLIFF, RONALD H STREET ADDRESS 14859 SE CR 137 CITY-ST-ZIP JASPER, FL 32052	<input type="checkbox"/> Delete	TITLE P NAME Ratliff, Ronald H. STREET ADDRESS 4466 U.S. Highway 41 South CITY-ST-ZIP Jasper, Fl. 32052	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MOODY, JAMES M STREET ADDRESS 15000 OUNTY ROAD 6 EAST CITY-ST-ZIP JASPER, FL 32052	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: x		5/10/04 386-7928484 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			