2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 07, 2005 08:00 AM DOCUMENT # L26019 **Secretary of State** OAK WOODLANDS, INC. Principal Place of Business Mailing Address 106 HATLEY STREET SE PO BOX 191 JASPER, FL 32052 106 HATLEY STREET SE JASPER, FL 32052 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 01312005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2978597 Not Applicable Country Country Zio Zlo \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RATLIFF, RONALD H Street Address (P.O. Box Number is Not Acceptable) 4466 US HIGHWAY 41 SOUTH JASPER, FL 32052 City 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. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME RATLIFF, RONALD H NAME STREET ADDRESS 4466 US HWY 41 SOUTH STREET ADDRESS U00000218698 JASPER, FL 32052 CITY-ST-ZIP CITY-ST-7IP 02/07/05-80076-003 150.00 TITLE Delete TITLE ☐ Change ☐ Addition NAME MOODY, JAMES M NAME 15000 OUNTY ROAD 6 EAST STREET ADDRESS STREET ADDRESS CITY - ST- ZIP JASPER, FL 32052 CITY-SY-ZIP TITLE Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - SY- 7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 1 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.

KONALD H.

SIGNATURE:

FILED

756-792-8484