

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90004 005 ***158.75

DOCUMENT # L63295

1. Entity Name
OAKS 626, INC.



Principal Place of Business
**626 S BROAD ST
BROOKSVILLE, FL 34601 US**

Mailing Address
**C/O D.E. ROBINSON
7168 RUE DE PALISADES
SARASOTA, FL 34238 US**

DO NOT WRITE IN THIS SPACE



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0207146

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBINSON, DANIEL E
7168 RUE DE PALISADES
SARASOTA, FL 34238**

**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 title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PST
ROBINSON, DANIEL E.
7168 RUE DE PALISADES
SARASOTA, FL 34238**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
ROBINSON, JOANNE
7168 RUE DE PALISADES
SARASOTA, FL 34238**

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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL E. ROBINSON

941 981-7853

Daytime Phone #

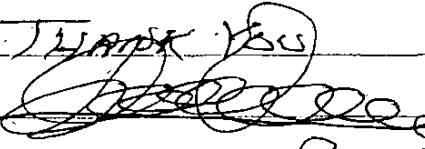
ATTACHMENT

FROM: RALPHS 34408 INC 40098909
OAKS 626 INC #L63295
RAINES 5193 INC
MEK 711 INC
c/o DANIEL E. ROBINSON, PRES.
7168 RUE DE PALISADES
SARASOTA, FL 34238

DATE: 7/7/06
TO: DIVISION of CORPORATIONS
RE: ANNUAL REPORT (4 CORPORATIONS)
SUBJ: FOUR CARDS "NOTICE OF INTENT TO DISSOLVE"
(RECEIVED 7/3/06)

I CALLED TALLAHASSEE 7/6/06 & WAS ADVISED
(AS I DID NOT RECEIVE CARDS PREVIOUSLY) TO
PAY \$250⁰⁰ PER CORP.

ENCLOSED (4) FOUR CHECKS
FOR (4) FOUR CORPORATIONS FOR
\$250⁰⁰ + \$25 FOR CERTIFICATE OF STATUS

THANK YOU

DANIEL E. ROBINSON, PRES