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Secretary of State
03-21-2007 90064 001 ***476.25

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L63295

1. Entity Name
OAKS 626, INC.

Principal Place of Business	Mailing Address
626 S BROAD ST BROOKSVILLE, FL 34601 US	C/O D.E. ROBINSON 7168 RUE DE PALISADES SARASOTA, FL 34238 US

02192007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # C/O D.E. ROBINSON 7168 RUE DE PALISADES	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State SARASOTA, FL	City & State
Zip 34238 / Country SARASOTA	Zip / Country

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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 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] 4/1/07 941-921-7833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #