


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90402 015 \*\*\*\*61.25

<b>DOCUMENT # N01000008236</b> 1. Entity Name OAKES ESTATES ADVISORY, INC.	
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Principal Place of Business PO BOX 111046 NAPLES, FL 34108	Mailing Address PO BOX 111046 NAPLES, FL 34108
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**50008162**



**DO NOT WRITE IN THIS SPACE**

02072006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3756630	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

NICOLA, JOHN  
5690 HIDDEN OAKS LN  
NAPLES, FL 34119

**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 reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 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	PD ABSHER, LISA 5871 SPANISH OAKS LN NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOODIN, PETER 5815 SPANISH OAKS LN NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUSSELL, Barb Collins 6421 BUR OAKS LN 2338 Immokalee Rd. #161 NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NICOLA, JOHN 5690 HIDDEN OAKS LN NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, BOB 2121 OAKES BLVD. NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, JIM 1990 OAKES BLVD. NAPLES, FL 34119

**DO NOT WRITE  
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 617, 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

**3-26-06 239-229-9541**  
Date Daytime Phone