

2006

CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90023 045 ***150.00

DOCUMENT # N07000001065

1. Entity Name

LIVE OAK ARTISTS GUILD, INC.



Principal Place of Business

PO BOX 1145
LIVE OAK, FL 32064

Mailing Address

423 SW MONTGOMERY DR
LAKE CITY, FL 32025

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

03022006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3544598

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

REICHERT, WALLY
423 SW MONTGOMERY DR
LAKE CITY, FL 32025

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BOX, EILEEN
STREET ADDRESS 8576 66TH ST
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE VP ☐ Delete
NAME LARGER, SUE
STREET ADDRESS 9478 14TH LANE
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE S ☐ Delete
NAME BLAKE, JOAN
STREET ADDRESS 1318 COPELAND ST SW
CITY-ST-ZIP LIVE OAK, FL 32064

TITLE ☐ Delete
NAME ~~REICHERT, WALLY~~
STREET ADDRESS 423 SW MONTGOMERY DR
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE PP ☐ Delete
NAME STRICKLAND, DAWNE
STREET ADDRESS 1004 WELLER AVE
CITY-ST-ZIP LIVE OAK, FL 32064

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/06 (386) 758-7853