

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP 15 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA **59066834**



09122005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000038029

1. Entity Name
ISLAND OAKS, INC.



| | |
|---|---|
| Principal Place of Business 861 INDIANOLA DR. MERRITT ISLAND, FL 32953 US | Mailing Address 861 INDIANOLA DR. MERRITT ISLAND, FL 32953 US |
|---|---|

| | |
|--|--|
| 2. Principal Place of Business 1070 861 Gray Road | 3. Mailing Address 1070 861 Gray Road |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|---------------------------------|---------------------------------|------------------------------------|--|
| City & State Cocoa FL | City & State Cocoa FL | 4. FEI Number 59-3700831 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32926 | Country Brevard | Zip 32926 | Country Brevard |

6. Name and Address of Current Registered Agent

**O'HALLORAN, RICHARD
861 INDIANOLA DR.
MERRITT ISLAND, FL 32953**

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): **1070 GRAY ROAD**

City: **Cocoa FL** Zip Code: **32922**

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: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| TITLE PST | <input type="checkbox"/> Delete |
| NAME O'HALLORAN, RICHARD J | |
| STREET ADDRESS 861 INDIANOLA DR. | |
| CITY-ST-ZIP MERRITT ISLAND, FL 32953 | |
| TITLE VP | <input type="checkbox"/> Delete |
| NAME O'HALLORAN, MARCIA W | |
| STREET ADDRESS 861 INDIANOLA DR. | |
| CITY-ST-ZIP MERRITT ISLAND, FL 32953 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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. 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: Richard J. O'Halloran **9-7-05** (321) 459-1004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #