

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000046252

Entity Name: MR OAK.COM, INC.

FILED
Jan 16, 2006
Secretary of State

Current Principal Place of Business:

29857 US 19 N
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

29857 US 19 N
CLEARWATER, FL 33761 US

New Mailing Address:

13584 49TH ST. N. #9
CLEARWATER, FL 33762 US

FEI Number: 59-3644199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, JOHN
29857 US 19 N
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PICHETTE, STEVEN LEO
Address: 600 IVY LANE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: THOMAS, JOHN FLOREY
Address: 9111 BEARCAT RD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S () Delete
Name: THOMAS, TIFFANY M
Address: 9111 BEARCAT RD
City-St-Zip: NPR, FL 34655

Title: VP () Delete
Name: PICHETTE, JOSHUA S
Address: 3523 BEECHWOOD TERRACE
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN THOMAS

D

01/16/2006

Electronic Signature of Signing Officer or Director

Date