

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90052 036 \*\*\*150.00

00000000



01102007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P00000102469</b> 1. Entity Name <b>RED OAK PROPERTIES, INC.</b>					
Principal Place of Business <b>3204 AH 19 PALM HARBOR, FL 34683</b>			Mailing Address <b>PO BOX 3649 HOLIDAY, FL 34692</b>		
2. Principal Place of Business - No P.O. Box # <b>3204 Alternate 19</b>		3. Mailing Address <b>3204 Alternate 19</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Palm Harbor, FL</b>		City & State <b>Palm Harbor, FL</b>		4. FEI Number <b>59-3712293</b>	
Zip <b>34683</b>		Country <b>Pinellas</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WOLLINKA, DAVID J. 2312 U.S. HIGHWAY 19 HOLIDAY, FL 34691</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>3204 Alternate 19</b>  City <b>Palm Harbor</b> <b>FL</b> Zip Code <b>34683</b>			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007. Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOLLINKA, DAVID J 2312 US HIGHWAY 19 HOLIDAY, FL 34691 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3204 Alternate 19 Palm Harbor, FL 34683</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAYER, JEAN M 2312 US HIGHWAY 19 HOLIDAY, FL 34691 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3204 Alternate 19 Palm Harbor, FL 34683</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>727/937-4177</b> <small>Date Daytime Phone #</small>		