

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90265 005 ***150.00

DOCUMENT # P01000001613

1. Entity Name
OAK ISLAND, INC.



Principal Place of Business

709 S 50TH
TAMPA, FL 33619

Mailing Address

709 S 50TH
TAMPA, FL 33619

34070600

2. Principal Place of Business

1100 North 50th Street

3. Mailing Address

P.O. Box 79187



04202004

Chg-P

CR2E034 (10/03)

Suite, Apt. #, etc.

Building OAC, SUITES E & F

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

4. FEI Number

59-3690791

Applied For

Not Applicable

Zip

33619

Country

Hillsborough

Zip

33619

Country

Hillsborough

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GROTHER, DEBORAH L
7035 US HWY 301 SOUTH
RIVERVIEW, FL 33569

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HAWKINS, JOHN
STREET ADDRESS 709 50 SOUTH
CITY-ST-ZIP TAMPA, FL 33619

TITLE D ☐ Delete
NAME GRAHAM, PATRICK
STREET ADDRESS 709 50 SOUTH
CITY-ST-ZIP TAMPA, FL 33619

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #