2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90142 003 ***150.00

DOCUMENT # P01000001613

1. Entity Name
OAK ISLAND, INC.

Principal Place of Business	Mailing Address
1100 NORTH 50TH STREET BLDG. ONE, STE E&F TAMPA, FL 33619	~~PO BOX 79187~~ ~~TAMPA, FL 33619~~ 1100 North 50th Street Bldg ONE, STE E&F TAMPA, FL 33619
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04132005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3690791 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GROTHEER, DEBORAH L 7035 US HWY 301 SOUTH RIVERVIEW, FL 33569	Name: Riverview Tax & Mortgage Inc Street Address (P.O. Box Number is Not Acceptable): 7039 US Hwy 301 S. City: Riverview FL Zip Code 33569

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] Deborah Grotheer DATE: 4/13/05
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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWKINS, JOHN ~~709 50 SOUTH~~ 1100 North 50th Street ~~TAMPA, FL 33619~~ Building One, Suites E & F TAMPA, FL 33619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ~~GRAHAM, PATRICK~~ ~~709 50 SOUTH~~ ~~TAMPA, FL 33619~~	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] / John E Hawkins President 29 April 2005 813-242-8485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #