

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000007499

1. Entity Name

WATER OAK HOMES, INC.



Principal Place of Business

**500 HICKORY NUT AVE
OLDSMAR FL 34677**

Mailing Address

**500 HICKORY NUT AVE
OLDSMAR FL 34677**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

02-0556672

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROBERSON, BARBARA
500 HICKORY NUT AVE
OLDSMAR FL 34677**

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 **P** ☐ Delete
NAME **ROBERSON, BARBARA**
STREET ADDRESS **500 HICKORY NUT AVE**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Change ☐ Add
NAME **U000007506308**
STREET ADDRESS **04/27/06-80041-020 150.00**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **ROBERSON, JAMES**
STREET ADDRESS **500 HICKORY NUT AVE**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **ROBERSON, BARBARA**
STREET ADDRESS **500 HICKORY NUT AVE**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Barbara J. Roberson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #