

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030373

Entity Name: OAKS UNLIMITED, INC.

FILED  
Feb 06, 2004  
Secretary of State

## Current Principal Place of Business:

240 PARK AVENUE  
LAKE WALES, FL 33853

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 466  
LAKE WALES, FL 338590466

## New Mailing Address:

FEI Number: 59-3907751

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEAVER, JAMES M  
240 PARK AVENUE  
LAKE WALES, FL 33853

## 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: P ( ) Delete  
Name: RESMONDO, TRAVIS  
Address: 5901 DUNDEE ROAD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP ( ) Delete  
Name: MOUCHA, MICHAEL J  
Address: 600 RIVER BIRCH CT #56  
City-St-Zip: CLERMONT, FL 34711

Title: VP (X) Delete  
Name: WEAVER, JAMES M  
Address: 1990 NORTH SCENIC HIGHWAY  
City-St-Zip: BABSON PARK, FL 33827

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: WEAVER, JAMES M  
Address: 1990 NORTH SCENIC HIGHWAY  
City-St-Zip: BABSON PARK, FL 33827

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 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 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: JAMES M. WEAVER

VP

02/06/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date