

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000075861

Entity Name: OAKTON, INC.

**FILED**  
**Dec 07, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1250 GATEWAY RD  
WEST PALM BEACH, FL 33403

**New Principal Place of Business:**

**Current Mailing Address:**

1250 GATEWAY RD  
WEST PALM BEACH, FL 33403

**New Mailing Address:**

FEI Number: 65-1130457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, RICHARD  
1601 FORUM PLACE, SUITE 304  
W. PALM BCH, FL 33401 US

**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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SILAS, BILLY  
Address: 6160 KELTY WAY  
City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: SILAS, BILLY  
Address: 10 CASTLE HILL WAY  
City-St-Zip: STUART, FL 34996 US

Title: S ( ) Change (X) Addition  
Name: CAPALUCCI, DEBRA A  
Address: 1250 GATEWAY ROAD  
City-St-Zip: LAKE PARK, FL 33403 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BILLY SILAS

DP

12/07/2006

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

\_\_\_\_\_  
Date