


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90029 009 ***150.00

DOCUMENT # P01000111836	
1. Entity Name WILD OAKS INC.	

Principal Place of Business 2800 E COMMERCIAL BLVD STE 208 FT LAUDERDALE, FL 33308	Mailing Address 2800 E COMMERCIAL BLVD STE 208 FT LAUDERDALE, FL 33308
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2. Principal Place of Business - No P.O. Box # 10538 SE 146th Terr RD	3. Mailing Address 13900 S. JOG ROAD # 203-276 DELRAY BEACH, FL 33446
Suite, Apt. #, etc.	
City & State Ocklawaha, FL	
Zip 32179	Country U.S



03052008 Chg-P CR2E034 (12/06)

4. FEI Number 65-6388455	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KATZ, ALLEN H 2800 E COMMERCIAL BLVD STE 208 FT LAUDERDALE, FL 33308	7. Name and Address of New Registered Agent ALLEN H KATZ PA 13900 S. JOG RD. 203-276 DELRAY BEACH, FL 33446
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT UHLAR, MICHAEL 10538 SOUTHEAST 146 TERRACE OCKLAWAHA, FL 32179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS UHLAR, SUSAN 10538 SOUTHEAST 146 TERRACE OCKLAWAHA, FL 32179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Susan Uhlar	Date: 4/1/08	Daytime Phone #: 352-288-1910
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