

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

06-27-2005 90001 036 ***150.00
P02000031798

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50053716



06172005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000031798			
1. Entity Name OAKWOOD PLACE, INC.			
Principal Place of Business 902 S. ALEXANDER STREET PLANT CITY, FL 33566		Mailing Address POST OFFICE BOX 2636 PLANT CITY, FL 33564	
2. Principal Place of Business <i>2011 N. Wheeler St.</i>		3. Mailing Address Suite, Apt. #, etc.	
City & State <i>Plant City, FL</i>		City & State	
Zip <i>33563</i>		Zip	Country
4. FEI Number 01-0649840		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, E. SNOW JR. 200 LAKE MARTIN DR. LAKELAND, FL 33801		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD MADONIA, BATISTA SR. POST OFFICE BOX 2636 PLANT CITY, FL 33564 <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	VSTD MADONIA, EVELYN POST OFFICE BOX 2636 PLANT CITY, FL 33564 <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
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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
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, or in all other like empowered.			
SIGNATURE: <i>Evelyn M. Madonia</i>		<i>6/17/2005 752-3141</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

Filed w/o penalty - rejected in error by Kender -

Kerst.

[Handwritten signature]

Evelyn M. Madonia

(813)