FILED
Feb 21, 2008 8:00 am
Secretary of State
02-21-2008 90017 013 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000031798

1. Entity Name
OAKWOOD PLACE, INC.

40029014

Principal Place of Business
200 LAKE MORTON DR. SUITE 300
LAKELAND, FL 33801

Mailing Address
200 LAKE MORTON DR. SUITE 300
LAKELAND, FL 33801

01072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box #		3. Mailing Address	
200 Lake Morton Dr		200 Lake Morton Dr	
Suite, Apt #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Lakeland, FL		City & State Lakeland, FL	
Zip 33801	Country USA	Zip 33801	Country USA

4. FEI Number 01-0649840 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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 E. Snow Martin Jr
Street Address (P.O. Box Number is Not Acceptable) 200 Lake Morton Dr
Suite 200
City Lakeland FL Zip Code 33801

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] E. Snow Martin, Jr. 2/20/08
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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 10		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MADONIA, BATISTA SR.		NAME		
STREET ADDRESS	POST OFFICE BOX 2636		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33564		CITY-ST-ZIP		
TITLE	VSTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MADONIA, EVELYN		NAME		
STREET ADDRESS	POST OFFICE BOX 2636		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33564		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] Evelyn M Madonia 2/20/08 863-688-7611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #