

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000031798

Entity Name: OAKWOOD PLACE, INC.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

200 LAKE MORTON DRIVE
SUITE 200
LAKELAND, FL 33801

Current Mailing Address:

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

New Mailing Address:

200 LAKE MORTON DRIVE
SUITE 200
LAKELAND, FL 33801

FEI Number: 01-0649840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARTIN, E. SNOW JR.
200 LAKE MARTIN DR.
SUITE 200
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

MARTIN, E. SNOW JR.
200 LAKE MORTON DRIVE
SUITE 200
LAKELAND, FL 33801 US

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:

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MADONIA, BATISTA SR.
Address: POST OFFICE BOX 2636
City-St-Zip: PLANT CITY, FL 33564

Title: VSTD () Delete
Name: MADONIA, EVELYN
Address: POST OFFICE BOX 2636
City-St-Zip: PLANT CITY, FL 33564

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MADONIA, BATISTA J SR.
Address: POST OFFICE BOX 2636
City-St-Zip: PLANT CITY, FL 33564

Title: VSTD (X) Change () Addition
Name: MADONIA, EVELYN M
Address: POST OFFICE BOX 2636
City-St-Zip: PLANT CITY, FL 33564

I hereby certify that the information supplied with this filing does not qualify 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: EVELYN M. MADONIA

VSTD

01/16/2009

Electronic Signature of Signing Officer or Director

Date