


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90036 005 ***150.00

DOCUMENT # P02000053826

1. Entity Name
AOKE INCORPORATED



Principal Place of Business Mailing Address

1387 N KILLIAN DR **1387 N KILLIAN DR**
LAKE PARK, FL 33403-1943 **LAKE PARK, FL 33403-1943**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03182006 Chg-P CR2E034 (11/05)

4. FEI Number
03-0452613 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
 Fee Required



6. Name and Address of Current Registered Agent

ARNONE, RICHARD
1387 NORTH KILLIAN DRIVE
WEST PALM BEACH, FL 33403

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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | O'DWYER, WILLIAM |
| STREET ADDRESS | 1387 N KILLIAN DR |
| CITY-ST-ZIP | LAKE PARK, FL 334031943 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | KAYLOR, RONALD |
| STREET ADDRESS | 1387 N KILLIAN DR |
| CITY-ST-ZIP | LAKE PARK, FL 334031943 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | ARNONE, RICHARD |
| STREET ADDRESS | 1387 N KILLIAN DR |
| CITY-ST-ZIP | LAKE PARK, FL 334031943 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | EVANS, MICHAEL |
| STREET ADDRESS | 1387 N KILLIAN DR |
| CITY-ST-ZIP | LAKE PARK, FL 334031943 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | O'DWYER, SEAN |
| STREET ADDRESS | 1387 N KILLIAN DR |
| CITY-ST-ZIP | LAKE PARK, FL 334031943 |
| TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | O'DWYER, WILLIAM C |
| STREET ADDRESS | 1387 N KILLIAN DR |
| CITY-ST-ZIP | LAKE PARK, FL 334031943 |

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: R. Arnone **Director** **3-18-06** **561-881-1550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #