

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90012 035 ***150.00

DOCUMENT # P02000134569

1. Entity Name

GIANT OAKS, INC.



Principal Place of Business

**1811 SALPWAY DRIVE
TALLAHASSEE FL 32303**

Mailing Address

**203 ROBINHOOD LANE
MCMURRAY PA 15317**

2. Principal Place of Business

1811 Salpway Drive
Suite, Apt. #, etc.

3. Mailing Address

203 Robinhood Lane
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Tallahassee, FL

32303

USA

City & State

MCMURRAY, PA

15317

USA

4. FEI Number

22-3889217

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOLT, ROBERT G
1811 SAGEWAY DRIVE
TALLAHASSEE FL 32303**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HOLT, WILLIAM E JR	
STREET ADDRESS	213 DANNY LANE	
CITY-ST-ZIP	KILL DEVIL HILLS NC 27949	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, DEBORAH R	
STREET ADDRESS	810 OSKAGNA DRIVE	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE	D	<input type="checkbox"/> Delete
NAME	ULAN, MARY R	
STREET ADDRESS	134 MOUNT BLAINE DRIVE	
CITY-ST-ZIP	MCMURRAY PA 15317	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLT, ROBERT G	
STREET ADDRESS	1811 SAGEWAY DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOLT, WILLIAM E	
STREET ADDRESS	203 ROBINHOOD LANE	
CITY-ST-ZIP	CANONSURG PA 15317	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOLT, NIRA W	
STREET ADDRESS	203 ROBINHOOD LANE	
CITY-ST-ZIP	CANONSURG PA 15317	

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	<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	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 27, 2004 *746 941-6826*

Date

Daytime Phone #