


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P02000134569</b> 1. Entity Name <b>GIANT OAKS, INC.</b>	
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Principal Place of Business <b>1811 SAGEWAY DRIVE. TALLAHASSEE, FL 32303</b>	Mailing Address <b>203 ROBINHOOD LANE MCMURRAY, PA 15317</b>
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**FILED**  
**2007 SEP 18 AM 4:12**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



09072007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>22-3889217</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HOLT, ROBERT G 1811 SAGEWAY DRIVE TALLAHASSEE, FL 32303</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 <i>Robert G. Holt</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <i>9/13/07</i>

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees <b>00109564383</b> <b>09/18/07-01024-001 **550.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLT, WILLIAM E JR 213 DANNY LANE KILL DEVIL HILLS, NC 27949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, DEBORAH R 810 OSKAGNA DRIVE KNOXVILLE, TN 37919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULAN, MARY R 134 MOUNT BLAINE DRIVE MCMURRAY, PA 15317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLT, ROBERT G 1811 SAGEWAY DRIVE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLT, WILLIAM E 203 ROBINHOOD LANE CANONSBURG, PA 15317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLT, NIRA W 203 ROBINHOOD LANE CANONSBURG, PA 15317

<b>DO NOT WRITE IN THIS SPACE</b>
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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: <i>Robert G. Holt</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>9/13/07</i>	DAYTIME PHONE # <i>919</i>
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