2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 08:00 A
Secretary of State

DOCUMENT # P02000134569

1. Entity Name
GIANT OAKS, INC.

Principal Place of Business	Mailing Address
1811 SAGEWAY DRIVE. TALLAHASSEE, FL 32303	203 ROBINHOOD LANE MCMURRAY, PA 15317

DO NOT WRITE IN THIS SPACE

04082008 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

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04/25/08-80085-018 150.00

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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: _____ 4-10-08 724-944-3340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #