


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 22, 2005 8:00 am**  
**Secretary of State**

06-22-2005 90079 047 \*\*\*550.00

|   |   |  |   |
|---|---|--|---|
| <b>DOCUMENT # P03000018224</b><br>1. Entity Name<br><b>OAKES PEE WEE ACADEMY, INC.</b>  |   |   |   |
| Principal Place of Business<br><b>1357 11TH STREET<br/>WEST PALM BEACH, FL 33401</b>  |   | Mailing Address<br><b>1357 11TH STREET<br/>WEST PALM BEACH, FL 33401</b>   |   |
| 2. Principal Place of Business<br><b>1547 Prosperity Farms Rd.</b><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>1547 Prosperity Farms Rd.</b><br>Suite, Apt. #, etc.  |   |
| City & State<br><b>Lake Park, FL</b><br>Zip <b>33403</b> Country <b>U.S.</b>  |   | City & State<br><b>Lake Park, FL</b><br>Zip <b>33403</b> Country <b>U.S.</b>   |   |
| 4. FEI Number<br><b>30-0132010</b>  |   | Applied For<br><input checked="" 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<br><br><b>OAKES, IRIS E<br/>1357 11TH STREET<br/>WEST PALM BEACH, FL 33401</b>  |   | 7. Name and Address of New Registered Agent<br>Name <b>Iris Elaine Oakes</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1258 ROSE GATE Blvd.</b><br>City <b>Lake Park</b> <b>FL</b> Zip Code <b>33404</b> |   |
| 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.<br>SIGNATURE <u><i>Iris Elaine Oakes</i></u> <b>6-16-05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |   |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 7, 2005</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P</b><br><b>OAKES, IRIS E</b><br><b>1357 11TH STREET</b><br><b>WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>President</b><br><b>Iris Elaine Oakes</b><br><b>1258 ROSE GATE Blvd.</b><br><b>Lake Park, FL 33404</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>V</b><br><b>OAKES, GERALD H</b><br><b>1357 11TH STREET</b><br><b>WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Vice President</b><br><b>Gerald H. Oakes</b><br><b>1258 ROSE GATE Blvd.</b><br><b>Lake Park, FL 33404</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>ST</b><br><b>OAKES, IRIS E</b><br><b>1357 11TH STREET</b><br><b>WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>ST</b><br><b>Iris Elaine Oakes</b><br><b>1258 ROSE GATE Blvd.</b><br><b>Lake Park, FL 33404</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 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: <u><i>Iris Elaine Oakes</i></u> <b>6/16/05</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | <small>Date Daytime Phone #</small>  |   |