

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000026652

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: THE OAKS COMMERCE CENTER, INC.

## Current Principal Place of Business:

202 BROADWAY  
KISSIMMEE, FL 34741

## New Principal Place of Business:

117 B BROADWAY  
KISSIMMEE, FL 34741

## Current Mailing Address:

202 BROADWAY  
KISSIMMEE, FL 34741

## New Mailing Address:

117 B BROADWAY  
KISSIMMEE, FL 34741

FEI Number: 51-0452250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHEIVE, KATHY D  
318 N. JOHN YOUNG PARKWAY, SUITE 1  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

PARSONS, RAY  
117 B BROADWAY  
KISSIMMEE, FL 34741 US

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.

SIGNATURE: RAY PARSONS

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PARSONS, RAY  
Address: 202 BROADWAY  
City-St-Zip: KISSIMMEE, FL 34741

Title: VP ( ) Delete  
Name: PARSONS, DALE  
Address: 202 BROADWAY  
City-St-Zip: KISSIMMEE, FL 34741

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PARSONS, RAY  
Address: 117 B BROADWAY  
City-St-Zip: KISSIMMEE, FL 34741

Title: VP (X) Change ( ) Addition  
Name: PARSONS, DALE  
Address: 117 B BROADWAY  
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY PARSONS

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date