


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000060804	
1. Entity Name OLDE OAKE INSURANCE SERVICES, INC.	

Principal Place of Business 5331 COMMERCIAL WAY, SUITE 201 SPRING HILL, FL 34606	Mailing Address 5331 COMMERCIAL WAY, SUITE 201 SPRING HILL, FL 34606
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0466814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIXON, JAMES D SR.
 5331 COMMERCIAL WAY, SUITE 201
 SPRING HILL, FL 34606

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	DIXON, JAMES D SR.
STREET ADDRESS	5331 COMMERCIAL WAY, SUITE 201
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	D
NAME	DIXON, DIANE L
STREET ADDRESS	5331 COMMERCIAL WAY, SUITE 201
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/21/05-80042-013 150.00

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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:

[Handwritten Signature]

3/18/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #