

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 OCT -6 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07292004 Chg-P CR2E034 (10/03) 04

DOCUMENT # P03000063242

1. Entity Name
OAKBROOK MANAGEMENT, INC.



Principal Place of Business
2236 WEST FIRST STREET, #140
LOVELAND, OH 80537

Mailing Address
2236 WEST FIRST STREET, #140
LOVELAND, OH 80537

2. Principal Place of Business

3. Mailing Address

2229 Nursery Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clearwater FL

Zip

Country

Zip

33764

Country

USA

4. FEI Number

16-1670983

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEELER, MARY-SUE
25 SECOND STREET NORTH
SUITE 320
ST. PETERSBURG, FL 33701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Mary Sue Beeler

8/11/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SCHROEDER, STEVEN
STREET ADDRESS 2236 WEST FIRST STREET, #140
CITY-ST-ZIP LOVELAND, OH 80537

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/31/04 727-532-9003