## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 25, 2006 8:00 am Secretary of State 04-25-2006 90108 020 \*\*\*150.00 **DOCUMENT # P03000086060** 1. Entity Name PHIL OAKES, P.A. Principal Place of Business Mailing Address 11130 W HALLS RIVER RD 11130 W HALLS RIVER RD HOMOSASSA, FL 34448 HOMOSASSA, FL 34448 04192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 20-0526516 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE OAKES, PHIL 11130 W HALLS RIVER RD HOMOSASSA, FL 34448 IN THIS SPACE med 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 8. 7 of registered agent. SIG nature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees y 1, 2006 Fee will be \$550.00 Afte OFFICERS AND DIRECTORS 10. TITLE NAME OAKES, PHIL STREET ADDRESS 11130 W HALLS RIVER RD CITY-ST-ZIP HOMOSASSA, FL 34448 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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 10 address, with all other like empowered.

Phil Oakes

TED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

352-628-9673

Daytime Phone #