

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90096 019 ***150.00

DOCUMENT # P03000097885

1. Entity Name
SHARIE L. OAKLAND, PA



Principal Place of Business
**4501 HAITI DR
HERNANDO BEACH, FL 34607**

Mailing Address
**4501 HAITI DR
HERNANDO BEACH, FL 34607**

DO NOT WRITE IN THIS SPACE



05072007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0225925

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OAKLAND, SHARIE L
4501 HAITI DR
HERNANDO BEACH, FL 34607**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OAKLAND, SHARIE L
4501 HAITI DR
HERNANDO BEACH, FL 34607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
OAKLAND, BRADLEY E
4501 HAITI DR.
HERNANDO BEACH, FL 34607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sharie L. Oakland **Sharie L. Oakland** **5-7-07** **352-584-**
President **5026**

ATTACHMENT 40108932

#P03000097885 May 7, 07

To Whom it may Concern:

Please take into consideration that I did not receive the normal notification in the mail.

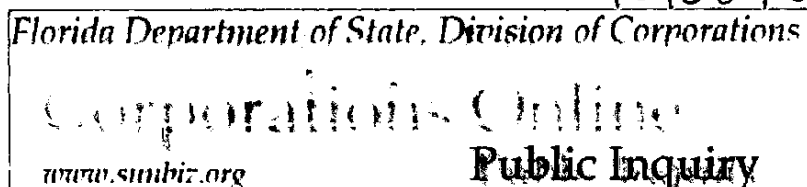
I did not realize I did not file it until my CPA asked if I had!

If you note in the past I normally file on time.

I am going to submit the 150⁰⁰ fee - if I still need to submit the late fee - please bill me.

Thank You for your consideration on waiving that fee.

Shari Oakland
352-584-5026



Florida Profit

SHARIE L. OAKLAND, PA

PRINCIPAL ADDRESS4501 HAITI DR
HERNANDO BEACH FL 34607

MAILING ADDRESS4501 HAITI DR
HERNANDO BEACH FL 34607
Document Number
P03000097885FEI Number
200225925Date Filed
09/04/2003State
FLStatus
ACTIVEEffective Date
NONE

Registered Agent

Name & Address
OAKLAND, SHARIE L 4501 HAITI DR HERNANDO BEACH FL 34607

Officer/Director Detail

Name & Address	Title
OAKLAND, SHARIE L 4501 HAITI DR HERNANDO BEACH FL 34607	D
OAKLAND, BRADLEY E 4501 HAITI DR. HERNANDO BEACH FL 34607	T

Annual Reports

Report Year	Filed Date
2004	04/05/2004
2005	01/26/2005
2006	03/03/2006

ATTACHMENT

40108932

#PC300009788

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09/04/2003 -- Domestic Profit

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