2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 02-03-2005 90030 025 ***150.00 DOCUMENT # P03000131480 OAKES SITE CONTRACTORS, INC. LCCITUUF Principal Place of Business Mailing Address 8115 WATERVIEW BLVD. 8115 WATERVIEW BLVD. BRADENTON, FL 34202 BRADENTON, FL 34202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0392387 Not Applicable Country Country Zip \$8.75 Additional-5. Certificate of Status Desired - -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PREWETT, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 5777 BENEVA RD. SOUTH SARASOTA, FL 34233 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Electión Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE Change Addition OAKES, GLENN A II NAME NAME STREET ADDRESS 8115 WATERVIEW BLVD. STREET ADDRESS BRADENTON, FL 34202 CITY-ST-ZIP CITY-ST-ZIP D TITLE Defete TITLE Change Addition OAKES, KELLY A NAME 8115 WATERVIEW BLVD. STREET ADDRESS STREET ADDRESS -BRADENTON, FL 34202 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TILE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

□ Change

Addition

FILED Feb 03, 2005 8:00 am