FILED
Apr 26, 2005 8:00 am
Secretary of State
03-04-2005 90099 027 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000009516

1. Entity Name
BROKEN OAK, INC.

66013200

Principal Place of Business	Mailing Address
P O BOX 704 HAVANA, FL 32333	P O BOX 704 HAVANA, FL 32333

01212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Havana Health & Fitness	
Suite, Apt. #, etc.: 116 E 7th Ave	Suite, Apt. #, etc.
City & State: Havana, FL	City & State
Zip: 32333 Country: USA	Zip Country

4. FEI Number 59-3778752 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, LARRY
1564 DODGER BALL PARK RD
QUINCY, FL 32351

7. Name and Address of New Registered Agent

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAYTON, LARRY % P O BOX 704 HAVANA, FL 32333 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, MARY % P O BOX 704 HAVANA, FL 32333 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Mary Clayton Mary Clayton 850 523 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BROKEN OAK, INC.
P O BOX 704
HAVANA, FL 32333

1262

63-9022/2632
BRANCH 30

DATE 3-3-05

PAY TO THE ORDER OF Florida Department of State $ 158.75

One Hundred Fifty eight & 75/100 DOLLARS

Peoples First
Florida Community Bank
Tallahassee, FL 32317

FOR [redacted] Kit Clayton

ATTACHMENT
660132.00
P04000095/6