

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000009516

Entity Name: BROKEN OAK, INC.

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

HAVANA HEALTH & FITNESS  
116 E 7TH AVE  
HAVANA, FL 32333

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2356  
HAVANA, FL 32333

**New Mailing Address:**

FEI Number: 59-3778752

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CLAYTON, LARRY  
Address: P O BOX 704  
City-St-Zip: HAVANA, FL 32333

Title: S/T  
Name: ROBINSON, DEBRA K MRS.  
Address: 145 HONEYSUCKLE DRIVE  
City-St-Zip: HAVANA, FL 32333

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA K. ROBINSON

S/T

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date