


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90277 018 \*\*\*150.00

<b>DOCUMENT # P04000169217</b>	
<b>1. Entity Name</b> "OAKVIEW SWIM AND TENNIS CLUB, INC."	

<b>Principal Place of Business</b> 5523 SPRINGLAKE DR LAKELAND FL 33811	<b>Mailing Address</b> 5523 SPRINGLAKE DR LAKELAND FL 33811
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

<b>4. FEI Number</b> 81-0664972	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	
COX, KEVIN P 201 N CHURCH AVE MULBERRY FL 33860	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

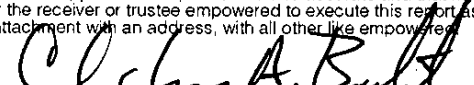
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> PD <b>NAME</b> BUSTARD, FRANCIS W <b>STREET ADDRESS</b> 5523 SPRINGLAKE DR <b>CITY-ST-ZIP</b> LAKELAND FL 33811	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PD <b>NAME</b> F.W. Bustard III <b>STREET ADDRESS</b> 5523 Springlake Dr. <b>CITY-ST-ZIP</b> Lakeland, FL 33811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> PD <b>NAME</b> BUSTARD, JOAN L <b>STREET ADDRESS</b> 5523 SPRINGLAKE DR <b>CITY-ST-ZIP</b> LAKELAND FL 33811	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VD <b>NAME</b> BUSTARD, CLAYTON A <b>STREET ADDRESS</b> 5523 SPRINGLAKE DR <b>CITY-ST-ZIP</b> LAKELAND FL 33811	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  Clayton A. Bustard

ATTACHMENT 40059633

#PO400616921T

Form **SS-4****Application for Employer Identification Number**(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, Indian tribal entities, certain individuals, and others.)EIN **81-0664992**

OMB No. 1545-0003

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>OKUIEW Swim and Tennis Club, INC</b>								
	2 Trade name of business (if different from name on line 1) <del>XXXXXXXXXX</del>		3 Executor, trustee, "care of" name <b>Clayton A. Bustard</b>						
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>5523 Springlake Drive</b>		5a Street address (if different) (Do not enter a P.O. box.) <del>XXXXXXXXXX</del>						
	4b City, state, and ZIP code <b>Lakeland, FL 33811</b>		5b City, state, and ZIP code <del>XXXXXXXXXX</del>						
	6 County and state where principal business is located <b>Polk, Florida</b>								
	7a Name of principal officer, general partner, grantor, owner, or trustor <b>F.W. Bustard III</b>		7b SSN, ITIN, or EIN <b>410-19-2624</b>						
8a Type of entity (check only one box)									
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____									
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Group Exemption Number (GEN) ▶ _____									
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State <b>Florida</b> Foreign country _____							
9 Reason for applying (check only one box)									
<input checked="" type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) _____ <input type="checkbox"/> Compliance with IRS withholding regulations _____ <input type="checkbox"/> Other (specify) ▶ <b>Organization; Management Purposes; Accounting</b>									
10 Date business started or acquired (month, day, year) <b>Jan 2005</b>		11 Closing month of accounting year <b>Dec</b>							
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶									
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". . . . . ▶									
<table border="1"> <tr> <td>Agricultural</td> <td>Household</td> <td>Other</td> </tr> <tr> <td>-0-</td> <td>-0-</td> <td>-0-</td> </tr> </table>				Agricultural	Household	Other	-0-	-0-	-0-
Agricultural	Household	Other							
-0-	-0-	-0-							
14 Check one box that best describes the principal activity of your business.									
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <b>Recreation</b>									
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>Tennis Lessons - Swim Lessons / Organization / Management / Accounting</b>									
16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.									
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____									
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____									

**Third Party Designee**

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name	Designee's telephone number (include area code)
Address and ZIP code	Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ <b>Clayton A. Bustard Vice President</b>	Applicant's telephone number (include area code) <b>(863) 646-8967</b>
Signature ▶ <i>Clayton A. Bustard</i>	Applicant's fax number (include area code) <b>NA</b>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12-2001)