## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Feb 24, 2006 8:00 am Secretary of State

DOCUMENT # P05000014311  1. Entity Name KERR OAKS, INC.						01-30-200	9006	50 042 <b>*</b> *	<b>'*15</b> 0.00
Principal Place 8467 SW 151 OCALA, FL 3	TH AVENUE	Mailing Address 8467 SW 16TH AVENI OCALA, FL 34476	UE		A I TO BUT OF ATT OF	piùi chik achi comi achi	<b>BB</b> (B) arkın diri	iran eren i italia ee	<b>1188</b> 1 (12 <b>11</b> 5
Principal Place of Business     J. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242006	Chg-P	CR2E0	34 (11/05)	
City & State		City & State			4. FEI Number	2241121			oplied For of Applicable
Zip	Country	Žip	Country			Slatus Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		V	7. Name and A	ddress of New Re	gistered A	Agent	
RAY, EDWARD M 8467 SW 16TH AVENUE OCALA, FL 34476			ļ.	Name Street Address (P.O. Box Number is Not Acceptable)					
	. •			City			FL	Zip Cod	9
	named entity submits this statement to ions of registered agent.	r the purpose of changing its	s registered	ollice or register	red agent, or both	, in the State of Flor	ida. tam f	tamiliar with,	and accept
	E NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550.	<u> </u>			.00 May Be led to Fees	HANGES TO OFFIC	CERC AND	DIRECTOR	C IN1 11
DILE	D .	h. □ Deiste	IIILE	T	2001101370	INGES TO OFFIC	ZEING AND	Change	Addition
NAME STREET ADORESS	RAY, EDWARD M 8467 SW 16TH AVENUE	3.	NAME STREET A					,	
11Y-5T-ZIP	OCALA, FL 34476 D		CITY-ST-	-Ur					
ITLE IAME TREET ADDRESS HY-ST-ZIP	RAY, WILLIAM B SR 8467 SW 18TH AVENUE	···• Delete	STREET A					☐ Change	☐ Addition
IFLE IAME IRLET ADDRESS	OCALA, FL 34476	Odds	TITLE HALAE STREET A	DORESS		<u> </u>		☐ Change	Addition
ITLE	- ·	- Osleto	CITY-SI- TITLE HAME STREET A CITY-SI-	DORESS	-		٠.	. Change	Addition
ITLE  MAKE  ITREET ADDRESS  ITY-S1-ZIP		☐ Đelete	TITLE HAME STREET A CITY-ST-	OORESS				Change	☐ Addition
ITLE LAME SIREET ADDRESS		☐ Defete	TITLE MALCE STREET A CITY-SI-	DORESS	, <u> </u>			☐ Change	Addition
12. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empror or on an attachment with an address.	true and accurate and that owered to execute this report	city-st- or the exemp my signature t as required	otions contained a shall have the s	same legal ellect a	as il made under oa	ith; that I a appears in	m an officer Block 10 or	or director



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2006

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KERR OAKS, INC. 8467 SW 16TH AVENUE OCALA, FL 34476

Subject: KERR OAKS, INC.

Reference Number:

P05000014311

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm ANNUAL REPORTS SECTION