


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000014311**

1. Entity Name  
**KERR OAKS, INC.**



Principal Place of Business 8467 SW 16TH AVENUE OCALA, FL 34476	Mailing Address 8467 SW 16TH AVENUE OCALA, FL 34476
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**DO NOT WRITE IN THIS SPACE**



01282007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2241121	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

RAY, EDWARD M  
 8467 SW 16TH AVENUE  
 OCALA, FL 34476

**DO NOT WRITE IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U000000612395  
 02/02/07-80103-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, EDWARD M 8467 SW 16TH AVENUE OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, WILLIAM B SR 8467 SW 16TH AVENUE OCALA, FL 34476
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Edward M. Ray Edward M. Ray 1/27/07 352-237-0755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #