

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90316 042 \*\*\*150.00

DOCUMENT # P05000059176

1. Entity Name

OAKES GROUP, INC.



Principal Place of Business

29 N. LAWSONA BOULEVARD  
ORLANDO FL 32801  
US

Mailing Address

29 N. LAWSONA BOULEVARD  
ORLANDO FL 32801  
US



2. Principal Place of Business

5079 N. Dixie Hwy  
Suite, Apt. #, etc.  
# 299

3. Mailing Address

Same  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Oakland Park, FL

City & State

Same

4. FEI Number

16-1722810

Applied For

Not Applicable

Zip

33334

Country

U.S.A.

Zip

33334

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name Larry W. Oakes  
Street Address (P.O. Box Number is Not Acceptable)

5079 N. Dixie Hwy #299  
City Oakland Park FL Zip Code 33334

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

Larry W. Oakes

Signature, typed or printed name of registered agent and filer (if applicable)

(NOTE: Registered Agent signature required when reconstituting)

3/20/06

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00.

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME OAKES, LARRY W  
STREET ADDRESS 29 N. LAWSONA BOULEVARD  
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Larry W. Oakes President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06

DATE

954 592-3374

DAYTIME PHONE #