

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90122 006 ***150.00

DOCUMENT # P05000059176

1. Entity Name

OAKES GROUP, INC.



Principal Place of Business

5079 NORTH DIXIE HWY
SUITE 299
OAKLAND PARK FL 33334
US

Mailing Address

5079 NORTH DIXIE HWY
SUITE 299
OAKLAND PARK FL 33334
US



2. Principal Place of Business - No P.O. Box #

2825 Central Ave

3. Mailing Address

2825 Central Ave

Suite, Apt. #, etc.

#112

Suite, Apt. #, etc.

#112

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

Zip

33901

Country

U.S.A.

Zip

33901

Country

U.S.A.

2nd MOORE

CR2E034 (4/08)

4. FEI Number

16-1722810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OAKES, LARRY W
5079 NORTH DIXIE HWY
SUITE 299
OAKLAND PARK FL 33334

7. Name and Address of New Registered Agent

Name

Oakes, Larry W.

Street Address (P.O. Box Number is Not Acceptable)

2825 Central Ave.

#112

City

Ft. Myers

FL

Zip Code

33901

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

(NOTE: Registered Agent signature required when reinstating)

8/5/08

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME OAKES, LARRY W
STREET ADDRESS 5079 NORTH DIXIE HWY SUITE 299
CITY-ST-ZIP OAKLAND PARK FL 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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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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 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:

Larry W. Oakes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/08 954-296-9876

Date Daytime Phone #