## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000061790

Entity Name: CATHEDRAL OAKS, INC.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8989 NW 187TH LANE 8895 NW 187TH LANE FLEMINGTON, FL 32686 REDDICK, FL 32686

Current Mailing Address: New Mailing Address:

8989 NW 187TH LANE 8895 NW 187TH LANE FLEMINGTON, FL 32686 REDDICK, FL 32686

FEI Number: 20-2826096 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JAMES, RAMONA W
8989 NW 187TH LANE
FLEMINGTON, FL 32686 US

JAMES, RAMONA W
8895 NW 187TH LANE
REDDICK, FL 32686 US

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.

SIGNATURE: RAMONA W. JAMES 04/25/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 JAMES, RAMONA W
 Name:
 JAMES, RAMONA W

 Address:
 8989 NW 187TH LANE
 Address:
 8895 NW 187TH LANE

 City-St-Zip:
 FLEMINGTON, FL 32686
 City-St-Zip:
 REDDICK, FL 32686

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf ( ) Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change ( ) Addition}$ 

 Name:
 JAMES, MIKE
 Name:
 JAMES, MIKE

 Address:
 8989 NW 187TH LANE
 Address:
 8895 NW 187TH LANE

 City-St-Zip:
 FLEMINGTON, FL 32686
 City-St-Zip:
 REDDICK, FL 32686

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 PRICKETT, DAVID
 Name:
 SIESKY, TOMMIE

 Address:
 8989 NW 187TH LANE
 Address:
 4867 WATER OAK

 City-St-Zip:
 FLEMINGTON, FL 32686
 City-St-Zip:
 JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMONA W. JAMES P 04/25/2006