

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90060 044 ***150.00

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1. Entity Name

OAK RUN BUILDERS & LANDSCAPE INC.



Principal Place of Business
~~XXXXXX XXXX~~
~~XXXXXX XXXX~~
US

Mailing Address
10711 SW 104 ST
MIAMI FL 33176
US



2. Principal Place of Business - No P.O. Box #
10711 S W 104 Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State
Miami, Florida

City & State

4. FEI Number AP-PLIED FOR
57-1240809

Applied For
Not Applicable

Zip
33176

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHACKELFORD, FREDERICK L
18001 SW 89 AVE
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
P. SHACKELFORD, FRED L ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
VP SHACKELFORD, JOHN ☐ Delete
STREET ADDRESS
CITY- ST- ZIP
102 CORTEZ RD.
ROYAL PALM BEACH FL 32315

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
10711 S W 104 Street
Miami, Florida 33176 ☒ Change ☐ Addition

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

TITLE
NAME
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CITY- ST- ZIP
☐ Change ☐ Addition

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CITY- ST- ZIP
☐ Change ☐ Addition

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

FRED SHACKELFORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

(305) 598-2276

Date

Daytime Phone #