
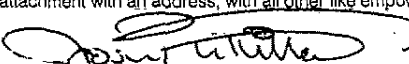


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000086143		
1. Entity Name OAKHURST MARKETING, INC.		
Principal Place of Business 1333 14TH STREET NORTH ST. PETERSBURG, FL 33705 US	Mailing Address 1333 14TH STREET NORTH ST. PETERSBURG, FL 33705 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BUTTITTA, JOSH 1333 14TH STREET NORTH ST. PETERSBURG, FL 33705		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTTITTA, JOSH 1333 14TH STREET NORTH ST. PETERSBURG, FL 33705	
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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:  JOSH BUTTITTA		1-30-07 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		813-810-3387 Daytime Phone #



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0563411	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000617349
02/07/07-80072-004 150.00

**DO NOT WRITE
IN THIS SPACE**