
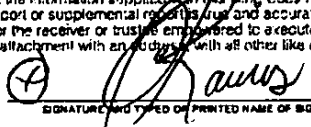


FILED  
Feb 27, 2006 8:00 am  
Secretary of State

01-31-2006 90012 035 \*\*\*150.00

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # P05000153073</b>   |  |    |   |
| 1. Entity Name<br>OAK LANDSCAPING, INC.  |  |   |   |
| Principal Place of Business<br>1716 SE SANTA BARBARA PLACE<br>CAPE CORAL, FL 33990   |  | Mailing Address<br>1716 SE SANTA BARBARA PLACE<br>CAPE CORAL, FL 33990  |   |
| 2. Principal Place of Business   |  | 3. Mailing Address  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |
| City & State   |  | City & State  |   |
| Zip  | Country  | Zip   | Country   |
| 4. FEI Number<br>20-3905075  |  | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br>RAMOS, OSCAR<br>1716 SE SANTA BARBARA PLACE<br>CAPE CORAL, FL 33990   |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>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:<br>SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____  |  |   |   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$650.00  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                       |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | P<br>RAMOS, OSCAR<br>1716 SE SANTA BARBARA PLACE<br>CAPE CORAL, FL 33990 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | VP<br>ROSE, AMY<br>1716 SE SANTA BARBARA PLACE<br>CAPE CORAL, FL 33990 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | SEC<br>ROSE, AMY<br>1716 SE SANTA BARBARA PLACE<br>CAPE CORAL, FL 33990 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | TR<br>ROSE, AMY<br>1716 SE SANTA BARBARA PLACE<br>CAPE CORAL, FL 33990 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 reports 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 affidavit with all other like empowered. |  |   |   |
| SIGNATURE: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | 2/20/06 (239) 699-7587<br>DATE Daytime Phone #  |   |



ATTACHMENT  
66002816

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2006

OAK LANDSCAPING, INC.  
1716 SE SANTA BARBARA PLACE  
CAPE CORAL, FL 33990

Subject: OAK LANDSCAPING, INC.

Reference Number: P05000153073

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cc

ANNUAL REPORTS SECTION