


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90105 016 ***150.00

DOCUMENT # P05000153073

1. Entity Name
OAK LANDSCAPING, INC.



Principal Place of Business
**1104 NW 21ST AVE.
 CAPE CORAL, FL 33993**


Mailing Address
**1104 NW 21ST AVE.
 CAPE CORAL, FL 33993**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40010101



01252007 Chg-P CR2E034 (12/06)

4. FEI Number
20-3805075

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent


RAMOS, OSCAR
~~1716 SE SANTA BARBARA PLACE~~
~~CAPE CORAL, FL 33993~~

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1104 N.W. 21st Avenue

City **CAPE CORAL FL** Zip Code **33993**

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  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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


10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RAMOS, OSCAR	
STREET ADDRESS	1716 SE SANTA BARBARA PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSE, AMY	
STREET ADDRESS	1716 SE SANTA BARBARA PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	ROSE, AMY	
STREET ADDRESS	1716 SE SANTA BARBARA PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE	TR	<input type="checkbox"/> Delete
NAME	ROSE, AMY	
STREET ADDRESS	1716 SE SANTA BARBARA PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1104 N.W. 21st Avenue	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1104 N.W. 21st Avenue	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1104 N.W. 21st Avenue	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **01/30/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #