


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000153073**  
 1. Entity Name  
**OAK LANDSCAPING, INC.**



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

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**6. Name and Address of Current Registered Agent**  
**RAMOS, OSCAR**  
**1104 NW 21ST AVENUE**  
**CAPE CORAL, FL 33993**

*Florida Dept of State*



01212008      Chg-P      CR2E034 (12/06)

4. FEI Number  
**20-3805075**      Applied For  
 Not Applicable

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

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, 2008 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	1104 NW 21ST AVENUE	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSE, AMY	
STREET ADDRESS	1104 NW 21ST AVENUE	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	ROSE, AMY	
STREET ADDRESS	1104 NW 21ST AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE	TR	<input type="checkbox"/> Delete
NAME	ROSE, AMY	
STREET ADDRESS	1104 NW 21ST AVENUE	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000799680	
CITY-ST-ZIP	01/30/08-80079-001 150.00	
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		
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:** *Amy Rose*      **1/24/08**      **239-699-7587**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #