

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000018780

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: OAKLEAF SOUTH CORPORATION

## Current Principal Place of Business:

C/O KELLY, PASSIDOMO & ALBA, LLP  
2390 TAMiami TRAIL NORTH, STE 204  
NAPLES, FL 34103

## New Principal Place of Business:

## Current Mailing Address:

C/O KELLY, PASSIDOMO & ALBA, LLP  
2390 TAMiami TRAIL NORTH, STE 204  
NAPLES, FL 34103

## New Mailing Address:

FEI Number: 59-3605934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KELLY, JR., CHARLES M  
C/O KELLY, PASSIDOMO & ALBA, LLP  
2390 TAMiami TRAIL NORTH, STE 204  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

KELLY, CHARLES M JR  
C/O KELLY, PASSIDOMO & ALBA, LLP  
2390 TAMiami TRAIL NORTH, STE 204  
NAPLES, FL 34103 US

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.

SIGNATURE: CHARLES M. KELLY, JR.

01/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: KARL, DEBORAH K  
Address: 2300 TAMiami TRAIL NORTH, STE 204  
City-St-Zip: NAPLES, FL 34103

Title: VP ( ) Delete  
Name: WILSON, LARRY E  
Address: 2300 TAMiami TRAIL NORTH, STE 204  
City-St-Zip: NAPLES, FL 34103

Title: STD ( ) Delete  
Name: LIEBERT, GLENN W  
Address: 2300 TAMiami TRAIL NORTH, STE 204  
City-St-Zip: NAPLES, FL 34103

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH K. KARL

PCD

01/22/2009

Electronic Signature of Signing Officer or Director

Date