

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000077107

FILED  
Apr 30, 2010  
Secretary of State

Entity Name: BIG OAK CORPORATION

**Current Principal Place of Business:**

1544 SAN RAFAEL WAY  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1011  
ST. AUGUSTINE, FL 32085 US

**New Mailing Address:**

FEI Number: 59-3256796      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAGUIRE, CRAIG A  
1544 SAN RAFAEL WAY  
ST. AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: MAGUIRE, CRAIG  
Address: 1544 SAN RAFAEL WAY  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D  
Name: MAGUIRE, R. J  
Address: 1544 SAN RAFAEL WAY  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: D  
Name: MAGUIRE, ROBERT J  
Address: 324 GENTIAN RD  
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: D  
Name: DAUGHERTY, CRISTIN M  
Address: 31812 LOCH ALINE DR.  
City-St-Zip: WESLEY CHAPEL, FL 33545 US

Title: D  
Name: MAGUIRE, CATHERINE A  
Address: 3056 COASTAL HIGHWAY  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

I hereby 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 all other like empowered.

SIGNATURE: CRAIG A. MAGUIRE

PRES

04/30/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date