


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90019 016 \*\*\*158.75

<b>DOCUMENT # P94000005986</b>					
<b>1. Entity Name</b> MINNEOLA OAKS DEVELOPMENT CORPORATION					
<b>Principal Place of Business</b> 720 ALMOND ST CLERMONT, FL 34711			<b>Mailing Address</b> P.O. BOX 120188 CLERMONT, FL 34712-0188		
<b>2. Principal Place of Business - No P.O. Box #</b> 16405 W. COLONIAL DRIVE			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b> OAKLAND, FL			<b>City &amp; State</b>		
<b>Zip</b> 34787		<b>Country</b>		<b>4. FEI Number</b> 59-2044368	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> LANGLEY, RICHARD H 720 ALMOND ST CLERMONT, FL 34711			<b>7. Name and Address of New Registered Agent</b> Name <b>RICHARD H. LANGLEY</b> Street Address (P.O. Box Number is Not Acceptable) 16405 W. COLONIAL DRIVE City <b>OAKLAND</b> <b>FL</b> <b>34787</b>		
<b>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.</b> SIGNATURE <u><i>Richard H. Langley</i></u> <b>RICHARD H. LANGLEY</b> <b>2-22-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANGLEY, RICHARD H 720 ALMOND ST CLERMONT, FL 34711	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.V.D LANGLEY, RICHARD H. 16405 W. COLONIAL DRIVE OAKLAND, FL 34787	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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</b>					
<b>SIGNATURE:</b> <u><i>Richard H. Langley</i></u>		<b>2-22-08 (401) 654-8675</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			