


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000011564		
1. Entity Name WHITE OAK CONSTRUCTION, INC.		
Principal Place of Business 499 SR 434 N STE 2035 ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 499 SR 434 N STE 2035 ALTAMONTE SPRINGS, FL 32714 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ROMO, PATRICIA 499 S.R. 434 N 2035 ALTAMONTE SPRINGS, FL 32714		DO NOT WRITE IN THIS SPACE
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: <u>Patricia Romo</u> 1/22/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JAHNIKE, LARRA 499 S.R. 434 N SUITE 2035 ALTAMONTE SPRINGS, FL 32714	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JAHNIKE, RICK 499 S.R. 434 N SUITE 2035 ALTAMONTE SPRINGS, FL 32714	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: <u>Rick Jahnke VP</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/22/07 407-772-1100 <small>Date Daytime Phone #</small>



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3220845	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/31/07-80056-007 150.00