

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000051455

1. Entity Name

OAK RUN PROPERTIES, INC.



Principal Place of Business

7304 GALL BLVD
ZEPHYRHILLS, FL 33541

Mailing Address

7304 GALL BLVD
ZEPHYRHILLS, FL 33541



02232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3258378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BINGHAM, JAMES H
7252 GALL BLVD
ZEPHYRHILLS, FL 33541

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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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BINGHAM, JAMES H
STREET ADDRESS	7830 MANASOTA KEY
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	DV
NAME	OAKLEY, THOMAS E
STREET ADDRESS	P.O. BOX 4170
CITY-ST-ZIP	LAKE WALES, FL 33859
TITLE	DST
NAME	GROSSBARD, LEE J
STREET ADDRESS	37840 MEDICAL ART COURT
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/03/07-80026-012 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/07 813-788-2759

Date

Daytime Phone #