## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Designature and wheel of Printed Name of Signing OFFICER OR DIRECTOR

FILED Apr 30, 2005 08:00 AM Secretary of State

> 954-917-9728° Daysime Phone #

4-26-05 Date

| ANNUAL REPORT   | Apr 30, 2005 08:00 F   |
|---|--|
| DOCUMENT # P95000031997   | Secretary of State   |
| 1. Entity Name  |  |
| OAKRIDGE AT WINEGARD, INC.  |  |
| • -   |  |
| Principal Place of Business Mailing Address   | <del></del>  |
| 6221 W ATLANTIC BLVD 6221 W ATLANTIC BLVD   | ·  |
| MARGATE, FL 33063 US MARGATE, FL 33063 US   |  |
|   | ) TRENDRY THE INTELLEGIS BRICK |
|   |  |
|   | J. J. S. J. J. S. S. J. S.   |
|   | 04262005 No Chg-P CR2E034 (10/03)  |
| DO NOT WRITE IN THIS SPA  | CE 4. FEI Number   Applied For   |
| ·   | 65-0616778 Not Applicable  |
|   | 5. Certificate of Status Desired \$8.75 Additional Fee Required  |
| 6. Name and Address of Current Registered Agent   | rea riequirea  |
| G. Inditio and Address of warrow (1981) on Agent  |  |
| QURESHI, DENISE   | DO NOT WRITE   |
| 6221 W ATLANTIC   |  |
| With Contrast to Cooking  | IN THIS SPACE  |
|   |  |
| 9. The above named entity stimple this statement for the number of changing its register  | red 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 file if applicable (NOTE Register  | ed Agent signature required when refinstating) DATE  |
| 9. Election Campaign Fina   | 95 00 uz. 82   |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution  |  |
|   |  |
| 10. OFFICERS AND DIRECTORS  |  |
| NAME QURESHI, DENISE  |  |
| STREET ADDRESS 6221 W ATLANTIC BLVD   | <u> </u>   |
| CITY-ST-ZIP MARGATE, FL 33063   | 04/30/05-80072-011 158.75  |
| TITLE NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   | ]  |
| TITLE   |  |
| NAME<br>CITICA ADDRESS  |  |
| STREET ADDRESS ( CITY-ST-ZIP  | DO NOT WRITE   |
| TITLE   | IN THIS SPACE  |
| NAME  | IN THIS SPACE  |
| STREET ADDRESS  | }  |
| CitY-ST-ZIP   | -  |
| TITLE   NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | The state of the s |
| NAME CATACHT ADDRESS OF   |  |
| STREET ADDRESS  CITY-ST-ZIP   | )  |
| <u> </u>  | remotion stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information  |
| indicated on this report or supplemental report is true and accurate and that my sign of the corporation of the receiver or trustee empowered to execute this report as required. | remption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information<br>lature shall have the same legal effect as if made under oath, that I am an officer or director<br>uired 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.   | lature shall have the same legal effect as if made under oath, that I am an officer or director<br>uired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if   |