2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P95000037072** 03-24-2005 90037 040 ***150.00 1. Entity Name OAKVEST VI, INC. Principal Place of Business Mailing Address All Brown 5100 87TH STREET E. 5100 87TH STREET E. BRADENTON, FL 34211 BRADENTON, FL 34211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0578715 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOGAN, PATRICK M Street Address (P.O. Box Number is Not Acceptable) 5100 87TH STREET EAST BRADENTON, FL 34211 City Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees Pre-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE ח X Delete TITLE Hunt, Robert ☐ Change X Addition HUNT, JOAN NAME NAME 5100 87th Street E. 5100 87TH STREET EAST STREET ADDRESS STREET ADDRESS Bradenton, FL 34211 CITY-ST-7IP BRADENTON, FL 34211 CITY-ST-ZIP TITLE TITLE VST Addition ☐ Delete ☐ Change NAME NAME Hogan, Patrick M. STREET ADDRESS STREET ADDRESS 5100 87th Street East CITY-ST-ZIP CITY - ST - ZIP Bradenton. FL TITLE TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 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 attactment with an address, with all other like empowered.

FILED Mar 24, 2005 8:00 am