## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 18, 2007 08:00 AM Secretary of State **DOCUMENT # P95000037072** OAKVEST VI, INC. Principal Place of Business Mailing Address 5100 87TH STREET E. 5100 87TH STREET E. BRADENTON, FL 34211 BRADENTON, FL 34211 No Cha-P CR2E034 (11/05) 03212007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0578715 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOGAN, PATRICK M DO NOT WRITE 5100 87TH STREET EAST BRADENTON, FL 34211 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HUNT, ROBERT NAME U00000714886 04/27/07-80041-010 150.00 STREET ADDRESS 5100 87TH STREET EAST CITY-ST-ZIP BRADENTON, FL 34211 TITLE NAME HOGAN, PATRICK M STREET ADDRESS 5100 87TH STREET E CITY-ST-ZIP BRADENTON, FL 34211 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 either incompowered.

SIGNATURE: \_\_

STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNING OFFICER OR DIRECTOR 3/21/07 SIGNATURE AND TYPED OR PRINTED NAME OF