

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000049157

1. Entity Name  
OAKMONT FARMS, INC.



Principal Place of Business

712 S. OREGON AVE.  
200  
TAMPA, FL 33606 US

Mailing Address

712 S. OREGON AVE.  
200  
TAMPA, FL 33606 US



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3359568

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

KRUSEN, W. ANDREW JR.  
712 S. OREGON AVE.  
SUITE 200  
TAMPA, FL 33606

**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

*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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME KRUSEN, W. ANDREW JR.  
STREET ADDRESS 712 S. OREGON AVE. SUITE 200  
CITY-ST-ZIP TAMPA, FL 33606

TITLE D  
NAME KRUSEN, JESSIE B  
STREET ADDRESS 3415 MORRISON AVE.  
CITY-ST-ZIP TAMPA, FL 33629

TITLE D  
NAME KRUSEN, ISABELLE B  
STREET ADDRESS 3415 MORRISON AVE.  
CITY-ST-ZIP TAMPA, FL 33629

TITLE D  
NAME KRUSEN, WILLIAM A III  
STREET ADDRESS 3415 MORRISON AVENUE  
CITY-ST-ZIP TAMPA, FL 33629

TITLE ST  
NAME JONES, DOUGLAS N  
STREET ADDRESS 712 S. OREGON AVE. SUITE 200  
CITY-ST-ZIP TAMPA, FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000360627  
05/05/05-80041-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*W. Andrew Krusen, Jr.*

W. Andrew Krusen, Jr.  
President

4-25-05

813-837-3005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #