

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000076902**

1. Entity Name

OAKLAND PROFESSIONAL BUILDING, INC.



Principal Place of Business

2737 E. OAKLAND PARK BLVD.  
SUITE 202  
FORT LAUDERDALE FL 33306

Mailing Address

2737 E. OAKLAND PARK BLVD.  
SUITE 202  
FORT LAUDERDALE FL 33306

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0624356

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVEY, GORDON R  
2737 E. OAKLAND PARK BLVD.  
SUITE 202  
FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BLAND, ROBERT W  
STREET ADDRESS 2137 E OAKLAND PARK BLVD  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE STD ☐ Delete  
NAME BLAND, MARGARET  
STREET ADDRESS 2737 E OAKLAND PK BLVD  
CITY-ST-ZIP FORT LAUDERDALE FL 33306

TITLE D ☐ Delete  
NAME BLAND, MICHAEL  
STREET ADDRESS 51 NORHOLT DRIVE  
CITY-ST-ZIP NEW CANAN CT 06840

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS 000000405413  
CITY-ST-ZIP 02/07/06-80036-025 158.75

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Robert W. Bland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 27 06 858 513-20*  
Date Daytime Phone #