

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90012 038 ***150.00

DOCUMENT # P96000085531

1. Entity Name
OAKS & PALMS, INC.



Principal Place of Business
13114 PARK WAY
PANAMA CITY, FL 32404

Mailing Address
13114 PARK WAY
PANAMA CITY, FL 32404

2. Principal Place of Business
1702 Tyndall Drive
Suite, Apt. #, etc.

3. Mailing Address
1702 Tyndall Drive
Suite, Apt. #, etc.



02232004 Chg-P CR2E034 (10/03)

City & State
Panama City, FL
Zip 32401 Country USA

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Panama City, FL
Zip 32401 Country USA

4. FEI Number
59-3404051
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, SANDRA D
13114 PARK WAY
PANAMA CITY, FL 32404

7. Name and Address of New Registered Agent

Name Sandra D. Taylor
Street Address (P.O. Box Number is Not Acceptable)
1702 Tyndall Drive
City Panama City FL Zip Code 32401

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 *Sandra D Taylor*

2-23-04

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME TAYLOR, SANDRA D
STREET ADDRESS 13114 PARKWAY
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Addition
NAME
STREET ADDRESS 1702 Tyndall Drive
CITY-ST-ZIP Panama City, FL 32401

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE: *Sandra D Taylor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-04 850-913-9955
Date Daytime Phone #