

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90270 039 ***150.00

DOCUMENT # P97000012098

1. Entity Name
OAK TREE CONTRACTING INCORPORATED



Principal Place of Business

**1315 E 14TH ST
STE A
LYNN HAVEN, FL 32444 US**

Mailing Address

**1315 E 14TH ST
STE A
LYNN HAVEN, FL 32444 US**

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3421382

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HATHAWAY, EDWIN
10500 S. BEAR CREEK RD
PANAMA CITY, FL 32404**

**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 **P**
NAME **HATHAWAY, EDWIN**
STREET ADDRESS **10500 S. BEAR CREEK RD.**
CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE **S**
NAME **HATHAWAY, SANDY**
STREET ADDRESS **10500 S. BEAR CREEK RD**
CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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: Edwin Hathaway **Edwin Hathaway**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-05

Date

850-271-8919

Daytime Phone #