

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90012 042 ***150.00

DOCUMENT # P97000018089

1. Entity Name

ROBERT E. OADE, P.A.



Principal Place of Business

9665 SOUTHERN BELLE DRIVE
BROOKSVILLE, FL 34613

Mailing Address

9665 SOUTHERN BELLE DRIVE
BROOKSVILLE, FL 34613

DO NOT WRITE IN THIS SPACE



05212004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3431761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OADE, ROBERT E
9665 SOUTHERN BELLE DRIVE
BROOKSVILLE, FL 34613

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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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
OADE, MADELLA
9665 SOUTHERN BELLE DRIVE
BROOKSVILLE, FL 34613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
OADE, ROBERT E
9665 SOUTHERN BELLE DR
BROOKSVILLE, FL 34613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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:

Madella Penny Oade
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

May 20, 2004
Date

Daytime Phone #

352-597-1301
Daytime Phone #