

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

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



01272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3431761	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	OADE, MAEDELLA 9665 SOUTHERN BELLE DRIVE BROOKSVILLE, FL 34613
TITLE TS	OADE, ROBERT E 9665 SOUTHERN BELLE DR BROOKSVILLE, FL 34613
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

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 02/07/08-80063-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Maedella Penny Oade* **Maedella Penny Oade** 1-26-08 352-597-1301
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #