

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000025219

1. Entity Name
O'LAKE'S MOVING, INC.



Principal Place of Business
9207 PALM RIVER RD
103
TAMPA, FL 33619 US

Mailing Address
9207 PALM RIVER RD
103
TAMPA, FL 33619 US

DO NOT WRITE IN THIS SPACE

FILED
Sep 10, 2008 08:00 AM
Secretary of State



05022008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3445754

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

O'LAKE, DANIEL
11319 SAGAMORE ST
SPRING HILL, FL 34609

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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 P
NAME O'LAKE, DANIEL
STREET ADDRESS 11319 SAGAMORE ST
CITY-ST-ZIP SPRING HILL, FL 34609

TITLE VP
NAME NELSON, KEN
STREET ADDRESS 8420 WOODLAKE DR
CITY-ST-ZIP TAMPA, FL 33615

TITLE ST
NAME DE SANJORGE, ROBERTA
STREET ADDRESS 6206 SOUTH ADELIA AVE
CITY-ST-ZIP TAMPA, FL 33616

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000959387
09/10/08-80002-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-08 8/3-249-6683
Date Daytime Phone #