

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90027 050 ***150.00

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1. Entity Name

REGAL OAKS DEVELOPMENT GROUP INC.



Principal Place of Business

PO BOX 5223
SPRING HILL FL 34611

Mailing Address

6751 1ST AVE S
SPRING HILL FL 33707

2. Principal Place of Business

3. Mailing Address

PO Box 5223

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Spring Hill FL

Zip

Country

Zip
34611

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3502585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

APPLE, GALE J
1187 79TH STREET SOUTH
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CAEPENTER, GREGORY
STREET ADDRESS PO BOX 6198
CITY-ST-ZIP SPRING HILL FL 34611

TITLE VPD ☐ Delete
NAME APPLE, GALE J
STREET ADDRESS 1187 79 ST SOUTH
CITY-ST-ZIP ST PETE FL 33707

TITLE D ☐ Delete
NAME APPLE, NORMA
STREET ADDRESS 1187 79 ST SOUTH
CITY-ST-ZIP ST PETE FL 33707

TITLE ☐ Delete
NAME *Phillip B. Apple*
STREET ADDRESS *6751 1st Ave S*
CITY-ST-ZIP *St Petersburg FL 33707*

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

Gale J. Apple
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-05

Date

352-597-7659

Daytime Phone #