

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90035 003 ***150.00

DOCUMENT # P98000030161

1. Entity Name

REGAL OAKS DEVELOPMENT GROUP INC.



Principal Place of Business

PO BOX 5223
SPRING HILL FL 34611

Mailing Address

P.O. BOX 5223
SPRING HILL FL 34611

2. Principal Place of Business - No P.O. Box #

6400 OREGON CHICKADEE RD

3. Mailing Address

Suite, Apt. #, etc.

City & State

Brooksville FL

City & State

Zip

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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 sign/line required when contributing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 PDS ☐ Delete
NAME CARPENTER, GREGORY
STREET ADDRESS PO BOX 6198
CITY-ST-ZIP SPRING HILL FL 34611

TITLE VPDT ☐ 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 33767

TITLE D ☐ Delete
NAME APPLE, PHILLIP B
STREET ADDRESS 6751 1 AVE S
CITY-ST-ZIP SAINT PETERSBURG FL 33707

TITLE D ☐ Delete
NAME CARPENTER, THOMAS T
STREET ADDRESS 1250 S MIAMI RD. #12
CITY-ST-ZIP FORT LAUDERDALE FL 33316

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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 8 ROTTERDAM DR.
CITY-ST-ZIP LONDON E14 3JA ENGLAND

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 exemptions contained in Section 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:

Gregory E. Carpenter GREGORY E. CARPENTER
PDS

4-29-08 (352)
597-7659