

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90004 047 ***550.00

DOCUMENT # P98000035629

1. Entity Name

TWELVE OAKS MANAGEMENT, INC.



Principal Place of Business

3531 NORTH EAST 30TH AVE
LIGHTHOUSE POINT, FL 33064

Mailing Address

56 MAPLE STREET
WARWICK, RI 02888

2. Principal Place of Business

3531 North East 30th Ave.

3. Mailing Address

56 Maple Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

City & State

Warwick, RI

Zip
33064

Country
USA

Zip
02888

Country
USA

02112005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0828580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VTS	<input type="checkbox"/> Delete
NAME	MARAIA, LOIS	
STREET ADDRESS	56 MAPLE STREET	
CITY-ST-ZIP	WARWICK, RI 02888	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARAIA, LOIS	
STREET ADDRESS	56 MAPLE STREET	
CITY-ST-ZIP	WARWICK, RI 02888	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARAIA, LOIS	
STREET ADDRESS	56 MAPLE STREET	
CITY-ST-ZIP	WARWICK, RI 02888	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lois Maraia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/05

Date

(401) 784-3570

Daytime Phone #