2008 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P99000013002

1. Entity Name
TALL OAKS, INC.

Jun 09, 2008, 08:00 AM Secretary of State

FILED

Principal Place of Business

51 PARTRIDGE CIRCLE WINTER SPRINGS, FL 32708 Mailing Address

51 PARTRIDGE CIRCLE WINTER SPRINGS, FL 32708



06042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3557300

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

.ROBERT W. POLSTER, ESQ. 213 LINKSIDE CIRCLE PONTE VEDRA BEACH, FL, FL 32082

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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

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 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 PARKER, SANDRA H NAME 51 PARTRIDGE CIRCLE STREET ADDRESS CITY-ST-7IP WINTER SPRINGS, FL 32708 TITLE PARKER, A. THOMAS NAME STREET ADDRESS 51 PARTRIDGE CIRCLE CITY-ST-ZIP WINTER SPRINGS, FL 32708 TITLE PARKER, M. R. NAME STREET ADDRESS 51 PARTRIDGE CIRCLE CITY-ST-ZIP WINTER SPRINGS, FL 32708 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

06/09/08-80003-012 150.00

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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 expowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Q. Thomas Jacker 6-2-08