


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000017497
 1. Entity Name
 OAK STREET OFFICE SUITES, INC.



Principal Place of Business 2319 OAK ST. JACKSONVILLE, FL 32204	Mailing Address 2319 OAK ST. JACKSONVILLE, FL 32204
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DO NOT WRITE IN THIS SPACE



02252004 No Chg-P CR2ED34 (10/03)

4. FEI Number 59-3558372	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GASPARO, SHARON L
 2319 OAK ST.
 JACKSONVILLE, FL 32204

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARRELL, THOMAS M IV 2319 OAK ST. JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GASPARO, SHARON L 2319 OAK ST. JACKSONVILLE, FL 32204
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 03/01/04-80026-020 150.00

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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 the address, with all other like empowered.

SIGNATURE: Sharon C. Gasparo 2/26/04 904 388 8870
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #