

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000018882

1. Entity Name
TANGLEWOOD OAKS, INC.



Principal Place of Business
1289 IVAN BLVD
LABELLE, FL 33935

Mailing Address
P.O. BOX 460
LABELLE, FL 33975

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092007

Chg-P

CRZE034 (12/06)

4. FEI Number
65-0898778

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCOTTE, WILLIAM A
1289 IVAN BLVD
LABELLE, FL 33935

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ALLEN, KIM E
STREET ADDRESS 2160 HIGHWAY 27
CITY-ST-ZIP CLEWISTON, FL 33440 ☒ Delete

TITLE
NAME 7000991957
STREET ADDRESS 04/27/07--01030--028 ***61.25
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME POLHILL, FRANK S
STREET ADDRESS 497 CALOOSA ESTATES DR
CITY-ST-ZIP LABAELLE, FL 33935 ☐ Delete

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

TITLE SD
NAME KINNEY, KENNETH E JR
STREET ADDRESS PO BOX 672
CITY-ST-ZIP LABELLE, FL 33975 ☐ Delete

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

TITLE TD
NAME MARCOTTE, WILLIAM A
STREET ADDRESS 1289 IVAN BLVD
CITY-ST-ZIP LABELLE, FL 33935 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 2007

Date

863-675-8010

Daytime Phone #

24/23