2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/8/2005-90022-030-$150.00-$150.00

FILED
05 AUG 10 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07052005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000061157

1. Entity Name
OAK HARBOUR PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
2918 WOODSIDE DR. TALLAHASSEE, FL 32312	2918 WOODSIDE DR. TALLAHASSEE, FL 32312

2. Principal Place of Business	3. Mailing Address
1234 ALACHUA DR	1234 ALACHUA DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE
Zip: 32308 Country: US	Zip: FL 32308 Country

4. FEI Number: 59-3591013 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBEN, LINDA D
2918 WOODSIDE DR.
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name: Linda Delisle
Street Address (P.O. Box Number is Not Acceptable): 1234 ALACHUA DR
City: Tallahassee FL Zip Code: 32308

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]
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 7, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RUBEN, LINDA D 2918 WOODSIDE DR. TALLAHASSEE, FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LINDA DELISLE PRESIDENT 1234 ALACHUA DR TALLAHASSEE, FL 32308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RUBEN, ANDY D 2918 WOODSIDE DRIVE TALLAHASSEE, FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ANDY RUBEN 1234 ALACHUA DR TALLAHASSEE, FL 32308	☒ 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
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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 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: [signature] 7/6/05 850-386-4747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #