

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90213 009 \*\*\*150.00

<b>DOCUMENT # P99000098177</b> 1. Entity Name <b>OAK HARBOR PROPERTY MANAGEMENT, INC.</b>					
Principal Place of Business <b>4820 20TH AVENUE VERO BEACH, FL 32967</b>			Mailing Address <b>4820 20TH AVENUE VERO BEACH, FL 32967</b>		
2. Principal Place of Business <b>4340 U. S. Highway #1</b> Suite, Apt. #, etc.		3. Mailing Address <b>4340 U. S. Highway #1</b> Suite, Apt. #, etc.			
City & State <b>Vero Beach, FL</b>		City & State <b>Vero Beach, FL</b>		4. FEI Number <b>65-0967254</b>	
Zip <b>32967</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RITCHEY, SCOTT 3755 7TH TERRACE 301 VERO BEACH, FL 32960</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HENN, PETER J 3755 7TH TERRACE 301 VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT MCLAIN, MARY 3755 7TH TERRACE VERO BEACH, FL 32960	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NORTH, ANNABEL 3755 7TH TERRACE VERO BEACH, FL 32960	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STORETUEDT, J P 3755 7TH TERRACE VERO BEACH, FL 32960	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RULE, LISA A 4820 20TH AVENUE VERO BEACH, FL 32967	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Ritchey, Scott 3755 7th Terrace, 301 Vero Beach, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Storetvedt, J.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4340 U.S. Highway #1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4340 U.S. Highway #1	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> _____		<b>ANNABEL NORTH</b>		<b>4-27-04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # <b>772-794-4380</b>	