

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S67880

FILED  
May 09, 2006  
Secretary of State

Entity Name: LIVE OAK PRODUCTIONS GROUP, INC.

**Current Principal Place of Business:**

25362 NE CHARLES PIPPEN RD  
BLOUNTSTOWN, FL 32424

**New Principal Place of Business:**

**Current Mailing Address:**

25362 NE CHARLES PIPPEN RD  
BLOUNTSTOWN, FL 32424

**New Mailing Address:**

FEI Number: 59-3078739

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STOLTZFUS, ELAM S  
25362 NE CHARLES PIPPEN RD  
BLOUNTSTOWN, FL 32424 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STOLTZFUS, ELAM  
Address: RT 2 BOX 751  
City-St-Zip: BLOUNTSTOWN, FL

Title: VS ( ) Delete  
Name: STOLTZFUS, ESTHER  
Address: RT 2 BOX 751  
City-St-Zip: BLOUNTSTOWN, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAM S. STOLTZFUS

P

05/09/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date