


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 375608				
1. Entity Name OAK KNOLL RANCH, INC.				
Principal Place of Business 2513 MT. LK. CUT OFF RD. LAKE WALES FL 33853		Mailing Address 2513 MT. LK. CUT OFF RD. LAKE WALES FL 33853		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent				
ADKINSON, WILLIAM M. MT LAKE CUT OFF RD. LAKE WALES FL 33853				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 _____ (NOTE: Registered Agent signature required when reinstating)				



1st MOORE CR2E034 (10/04)

4. FEI Number **59-1312221** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	000000215528	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	HERNDON, HORACE F			NAME	02/05/05-80015-003 158.75		
STREET ADDRESS	HIGHLAND PARK DRIVE			STREET ADDRESS			
CITY - ST - ZIP	LAKE WALES FL			CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	ADKINSON, WILLIAM M			NAME			
STREET ADDRESS	MT. LAKE CUT OFF RD			STREET ADDRESS			
CITY - ST - ZIP	LAKE WALES FL			CITY - ST - ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	ADKINSON, ANN H.			NAME			
STREET ADDRESS	MT LAKE CUT OFF RD.			STREET ADDRESS			
CITY - ST - ZIP	LAKE WALES FL			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	ADKINSON, ANN H.			NAME			
STREET ADDRESS	MT. LAKE CUT OFF RD			STREET ADDRESS			
CITY - ST - ZIP	LAKE WALES FL			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Ann H. Adkinson **Ann H. Adkinson** 1-31-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #