

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 375608

FILED
Mar 31, 2009
Secretary of State

Entity Name: OAK KNOLL RANCH, INC.

Current Principal Place of Business:

2513 MT. LK. CUT OFF RD.
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

2513 MT. LK. CUT OFF RD.
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 59-1312221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADKINSON, WILLIAM M.
MT LAKE CUT OFF RD.
LAKE WALES, FL 33853 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: VD () Delete
Name: HERNDON, HORACE F
Address: HIGHLAND PARK DRIVE
City-St-Zip: LAKE WALES, FL

Title: PD () Delete
Name: ADKINSON, WILLIAM M
Address: MT. LAKE CUT OFF RD
City-St-Zip: LAKE WALES, FL

Title: ST () Delete
Name: ADKINSON, ANN H.
Address: MT LAKE CUT OFF RD.
City-St-Zip: LAKE WALES, FL

Title: D () Delete
Name: ADKINSON, ANN H.
Address: MT. LAKE CUT OFF RD
City-St-Zip: LAKE WALES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: WILLIAM ADKINSON

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date