

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 375608

FILED  
Feb 16, 2010  
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  
Name: HERNDON, HORACE F  
Address: HIGHLAND PARK DRIVE  
City-St-Zip: LAKE WALES, FL

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM M ADKINSON

PRES

02/16/2010

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

\_\_\_\_\_ Date