

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 526284
 1. Entity Name
OAKHURST CONSTRUCTION CO., INC.



Principal Place of Business Mailing Address
7497 135TH ST. NORTH **7497 135TH ST. NORTH**
SEMINOLE, FL 34646-3906 **SEMINOLE, FL 34646-3906**



02122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1730456 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
DARCANGELO, ALFRED J.
7497 135TH ST. NORTH
SEMINOLE, FL 34646

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DARCANGELO, DENNIS J 7497 135TH ST N SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DARCANGELO, MARINA A 7497 135TH ST N SEMINOLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DARCANGELO, GLENN J 7596 135TH ST N SEMINOLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DARCANGELO, SUSAN M 7596 135TH ST N SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/23/07-80038-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: *Susan Darcangelo* **Susan Darcangelo, Sec.** *4/6/07* *727-393-1130*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #