


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 591368**  
1. Entity Name  
**OAK HARBOR, INC.**



Principal Place of Business      Mailing Address  
**10,000 LAKE LOWERY RD.  
OAK HARBOR  
HAINES CITY, FL 33844**      **#100 OAK HARBOR  
HAINES CITY, FL 33844    US**

**DO NOT WRITE IN THIS SPACE**



01232005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**59-1924219**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**ANDERSON, J GREGG  
100 OAK HARBOR LAKE LOWERY RD  
OAK HARBOR  
HAINES CITY, FL 33844**

**DO NOT WRITE  
IN THIS SPACE**

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)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	PD ANDERSON, J GREGG 100 OAK HARBOR LANE LOWERY RD HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDERSON, VERNELL OAK HARBOR LAKE LOWERY HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIRIUS, MARIAH 8016 MIDNIGHT PASS RD. SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JESSICA L 100 OAK HARBOR HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

100000196784  
01/26/05-80080-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_      **1/24/05**      **863-956-1341**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #