2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 591368

Entity Name: OAK HARBOR, INC.

FILED Apr 06, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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10,000 LAKE LOWERY RD. OAK HARBOR HAINES CITY, FL 33844

New Mailing Address: Current Mailing Address:

#100 OAK HARBOR HAINES CITY, FL 33844 US

FEI Number: 59-1924219 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANDERSON, J GREGG ANDERSON, J GREGG 100 OAK HARBOR LAKE LOWERY RD 100 OAK HARBOR OAK HARBOR HAINES CITY, FL 33844 US HAINES CITY, FL 33844 US

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: 04/06/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Name: Address:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title: ANDERSON, J GREGG

ANDERSON, J GREGG Name: Name: 100 OAK HARBOR LANE LOWERY RD 100 OAK HARBOR Address: Address: City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: HAINES CITY, FL 33844

Title: () Delete Title: (X) Change () Addition

Name: ANDERSON, VERNELL Name: ANDERSON, VERNELL. OAK HARBOR LAKE LOWERY Address: 100 OAK HARBOR Address: HAINES CITY, FL HAINES CITY, FL City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title: D

SIRIUS, MARIAH SIRIUS, MARIAH Name: Name: 8016 MIDNIGHT PASS RD. 1126 NE IMPERIAL AVE. Address: Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: PORTLAND, OR 97232

Title: () Delete Title: () Change () Addition

ANDERSON, JESSICA L Name: 100 OAK HARBOR Address: City-St-Zip: HAINES CITY, FL 33844 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: J. GREGG ANDERSON PD 04/06/2007