

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 652633

Entity Name: OAKWOOD BUILDERS, INC.

FILED  
Jan 16, 2008  
Secretary of State

**Current Principal Place of Business:**

3611 TWISTED OAK CT.  
LAKE WALES, FL 33898

**New Principal Place of Business:**

**Current Mailing Address:**

3611 TWISTED OAK CT.  
LAKE WALES, FL 33898

**New Mailing Address:**

FEI Number: 59-1967080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COCONATO, VINCENT JAMES  
3611 TWISTED OAK CT  
LAKE WALES, FL 33898 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: PD ( ) Delete  
Name: COCONATO, VINCENT JA, MES  
Address: 3611 TWISTED OAK CT  
City-St-Zip: LAKE WALES, FL 33898

Title: VP ( ) Delete  
Name: COCONATO, JOSEPH M  
Address: 3611 TWISTED OAK CT  
City-St-Zip: LAKE WALES, FL 33898

Title: VP ( ) Delete  
Name: COCONATO, BRIAN W  
Address: 3256 COURTNEY DRIVE  
City-St-Zip: LAKE WALES, FL 33898

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP (X) Change ( ) Addition  
Name: COCONATO, BRIAN W  
Address: 1211 NORTH HIGHLAND PARK DRIVE  
City-St-Zip: LAKE WALES, FL 33898

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: VINCENT JAMES COCONATO

PRES

01/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date