

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90330 024 \*\*\*150.00

**DOCUMENT # 684672**  
 1. Entity Name  
**OAKBROOK CONSTRUCTION, INC.**



Principal Place of Business: **OAKBROOK HOMES, INC. 3573 ENTERPRISE AVE #54 NAPLES FL 34104 US**  
 Mailing Address: **OAKBROOK HOMES, INC. 3573 ENTERPRISE AVE #54 NAPLES FL 34104 US**

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1st MOORE CR2E034 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number: **59-2072464** Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GALLI, EDWARD R.**  
**3573 3435 ENTERPRISE AVE #54**  
**NAPLES FL 34104**

7. Name and Address of New Registered Agent  
 Name:  
 Street Address (P.O. Bpx Number is Not Acceptable) # **54**  
**3573 ENTERPRISE AVE**  
 City **NAPLES FL** Zip Code **34104**

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: ER Galli  
 Signature, typed or printed (name of registered agent and title if applicable) (NOTE Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	GALLI, EDWARD R	
STREET ADDRESS	3573 ENTERPRISE AVE., #54	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GALLI, PEGGY L	
STREET ADDRESS	3573 ENTERPRISE AVE., #54	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Edward R Galli EDWARD R. Galli 4/14/05 239-263-3416  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #