

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G33299

FILED
Jan 19, 2008
Secretary of State

Entity Name: OAK RIDGE PROPERTIES INC.

Current Principal Place of Business:

805 NE 1ST STREET
HAVANA, FL 32333 US

New Principal Place of Business:

Current Mailing Address:

805 NE 1ST STREET
HAVANA, FL 32333 US

New Mailing Address:

FEI Number: 59-2299817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAUTHER, ROBERT A
805 NE 1ST STREET
HAVANA, FL 32333 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: DP () Delete
Name: LAUTHER, ROBERT A,
Address: 805 NE 1ST STREET
City-St-Zip: HAVANA, FL 32333

Title: DV () Delete
Name: LAUTHER, JOAN E
Address: 805 NE 1ST STREET
City-St-Zip: HAVANA, FL 32333

Title: VP/C () Delete
Name: LAUTHER, MICHAEL
Address: 909 MAGNOLIA DR.
City-St-Zip: HAVANA, FL 32333

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP/M () Change (X) Addition
Name: MCMILLIN, AMY C
Address: 1921 HARCOURT AVE
City-St-Zip: CROFTON, MD 21114

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: ROBERT LAUTHER

DP

01/19/2008

Electronic Signature of Signing Officer or Director

_____ Date