## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 10, 2008 08:00 Al Secretary of State DOCUMENT # H99129 OAKBRIDGE PROPERTIES, INC. Principal Place of Business Mailing Address 1960 STONEGATE DR 1960 STONEGATE DR BIRMINGHAM, AL 35242 BIRMINGHAM, AL. 35242 No Chg-P CR2E034 (11/05) 02112008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 63-0929411 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DRUMMOND, BRYAN D. 1343 OAKFIELD DR. BRANDON, FL 33509 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DURHAM, RONALD O NAME STREET ADDRESS 1960 STONEGATE DR CITY-ST-ZIP BIRMINGHAM, AL 35242 TITLE U00000889091 DRUMMOND, BRYAN D NAME 128 BARRINGTON DRIVE 04/22/08-80039-013 150.00 STREET ADDRESS CITY-ST-ZIP BRANDON, FL DRUMMOND, PEGGY SNODDY NAME 1000 URBAN CENTER DR STE 300 STREET ADDRESS DO NOT WRITE BIRMINGHAM, AL 35242 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TiTi F NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trusted employee execute by separate by separate by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or truste changed, or on an attachment with an ad

SIGNATURE:

CITY-ST-7IP THILE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR