


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

| | |
|---------------------------------------|---|
| DOCUMENT # J04495 |  |
| 1. Entity Name OAKVIEW LAKES, INC. | |

| | |
|---|---|
| Principal Place of Business %ROGER N WRIGHT 300 S. WASHINGTON AVE. FT. MEADE, FL 33841 | Mailing Address %ROGER N WRIGHT 300 S. WASHINGTON AVE. FT. MEADE, FL 33841 |
|---|---|



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-2669147 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

WRIGHT, ROGER N.
300 SOUTH WASHINGTON AVE.
4400 HWY. 98 EAST
FORT MEADE, FL 33841

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000031844
 04/16/08-80016-020 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | DP |
| NAME | WRIGHT, ROGER N. |
| STREET ADDRESS | HWY 98 E |
| CITY-ST-ZIP | FT.MEADE, FL |
| TITLE | DVP |
| NAME | WRIGHT, SUSAN E. |
| STREET ADDRESS | 845 MISSISSIPPI AVENUE |
| CITY-ST-ZIP | LAKELAND, FL |
| TITLE | DT |
| NAME | WRIGHT, DALE S. |
| STREET ADDRESS | 22245 WEST HIGHWAY 40 |
| CITY-ST-ZIP | DUNNELLON, FL |
| TITLE | DS |
| NAME | WRIGHT, JANET H. |
| STREET ADDRESS | HWY 98 E |
| CITY-ST-ZIP | FT. MEADE, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 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: *Roger Wright* **3-31-08** **863-285-8151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #