

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J04495

Entity Name: OAKVIEW LAKES, INC.

FILED
Feb 23, 2009
Secretary of State

Current Principal Place of Business:

%ROGER N WRIGHT
300 S. WASHINGTON AVE.
FT. MEADE, FL 33841

New Principal Place of Business:

Current Mailing Address:

%ROGER N WRIGHT
300 S. WASHINGTON AVE.
FT. MEADE, FL 33841

New Mailing Address:

FEI Number: 59-2669147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, ROGER N.
300 SOUTH WASHINGTON AVE.
4400 HWY. 98 EAST
FORT MEADE, FL 33841 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: WRIGHT, ROGER N.,
Address: HWY 98 E
City-St-Zip: FT.MEADE, FL

Title: DVP () Delete
Name: WRIGHT, SUSAN E.,
Address: 845 MISSISSIPPI AVENUE
City-St-Zip: LAKELAND, FL

Title: DT () Delete
Name: WRIGHT, DALE S.,
Address: 22245 WEST HIGHWAY 40
City-St-Zip: DUNNELLON, FL

Title: DS () Delete
Name: WRIGHT, JANET H.,
Address: HWY 98 E
City-St-Zip: FT. MEADE, FL

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

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: ROGER N. WRIGHT

Electronic Signature of Signing Officer or Director

PRES

02/23/2009

_____ Date