## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 03, 2004 8:00 am Secretary of State DOCUMENT # N03000005747 1. Entity Name 05-03-2004 90690 031 \*\*\*\*61 25 OAKLAND BUSINESS DEVELOPMENT CENTER, INC. Mailing Address Principal Place of Business 504 POLK CITY RD. HAINES CITY FL 33844 504 POLK CITY RD. HAINES CITY FL 33844 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARKER, QUINTIN L Not Acceptable) Street Address 1614 ROBINSON DR. HAINES CITY FL 33844 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 -ুট Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Bobb, Charlie Addition BABERS, HENRY 310 W. TERRACE AVE. NAME NAME 504 POLK CITY RD. STREET ADDRESS STREET ADDRESS HAINES CITY FL 33844 LAKE Alfred, FL 33850 CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete MSJAKE PARKER, QUINTIN L NAME NAME P.O. BOX 1363 STREET ADDRESS STREET ADDRESS HAINES CITY FL 33844 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BABERS, ERNESTINE NAME NAME 504 POLK CITY RD. STREET ADORESS STREET ADDRESS HAINES CITY FL 33844 CITY-ST-7IP CITY-ST-ZIP Change TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Considere SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if