


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000013804

1. Entity Name
OAKLAND CORP.



Principal Place of Business Mailing Address

4038 N.E. 5TH TERRACE 216 REVSON AVE
 OAKLAND PARK, FL 33334-2213 SEBRING, FL 33876

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0997431 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CROWLEY, RICHARD S
 216 REVSON AVE
 SEBRING, FL 33876

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

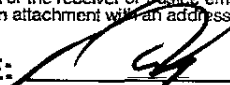
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CROWLEY, RICHARD S
STREET ADDRESS	216 REVSON AVE
CITY-ST-ZIP	SEBRING, FL 33876
TITLE	VST
NAME	CROWLEY, PATRICIA M
STREET ADDRESS	216 REVSON AVE
CITY-ST-ZIP	SEBRING, FL 33876
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 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:  1-5-05 863-655-1132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #