


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90029 004 ***150.00

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

00000747



2. Principal Place of Business 3. Mailing Address
216 Revson Ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01052006 Chg-P CR2E034 (11/05)

City & State City & State
Sebring, FL
 Zip Country Zip Country
33876

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, last, first, and middle name of registered agent and title, last, first, and middle name of registered agent, signature, and date when filing

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	<input type="checkbox"/> Delete
NAME	CROWLEY, RICHARD S	
STREET ADDRESS	216 REVSON AVE	
CITY ST ZIP	SEBRING, FL 33876	
TITLE	VST	<input type="checkbox"/> Delete
NAME	CROWLEY, PATRICIA M	
STREET ADDRESS	216 REVSON AVE	
CITY ST ZIP	SEBRING, FL 33876	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR