


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90265 005 ***150.00

DOCUMENT # P01000001613

1. Entity Name
OAK ISLAND, INC.



Principal Place of Business Mailing Address

~~709 S 50TH~~ ~~709 S 50TH~~
TAMPA, FL 33619 **TAMPA, FL 33619**

34070600



2. Principal Place of Business 3. Mailing Address

1100 North 50th Street **P.O. Box 79187**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Building OAC, SUITES E & F

04202004 Chg-P CR2E034 (10/03)

City & State City & State

TAMPA FLORIDA **TAMPA Florida**

Zip Country Zip Country

33619 Hillsborough **33619 Hillsborough**

4. FEI Number Applied For

59-3690791 Not Applicable

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

6. Name and Address of Current Registered Agent

GROTHER, DEBORAH L
7035 US HWY 301 SOUTH
RIVERVIEW, FL 33569

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HAWKINS, JOHN	
STREET ADDRESS	709 50 SOUTH	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAHAM, PATRICK	
STREET ADDRESS	709 50 SOUTH	
CITY-ST-ZIP	TAMPA, FL 33619	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *John Hawkins* Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR