

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90142 003 ***150.00



DOCUMENT # P01000001613

1. Entity Name
 OAK ISLAND, INC.

Principal Place of Business
 1100 NORTH 50TH STREET
 BLDG. ONE, STE E&F
 TAMPA, FL 33619

Mailing Address
~~PO BOX 79187~~ 1100 North 50th Street
~~TAMPA, FL 33619~~ Bldg ONE, STE E&F
 TAMPA, FL 33619



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

59-3690791

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name Riverview Tax & Mortgage Inc
 Street Address (P.O. Box Number is Not Acceptable)
7039 US Hwy 301 S.
 City Riverview FL Zip Code 33569

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

4/13/05
 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	D <input type="checkbox"/> Delete
NAME	HAWKINS, JOHN
STREET ADDRESS	709 50 SOUTH 1100 North 50th Street
CITY-ST-ZIP	TAMPA, FL 33619 Building One, Suite E & F 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	
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	
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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 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 E Hawkins / John E Hawkins President 29 April 2005 813-242-8485
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #