


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000063242 1. Entity Name OAKBROOK MANAGEMENT, INC.	
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Principal Place of Business 2236 WEST FIRST STREET, #140 LOVELAND, OH 80537	Mailing Address 2225 NURSERY ROAD CLEARWATER, F; 33764
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DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED

05 MAR 14 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02182005	No Chg-P	CR2E034 (10/03)	<i>MRS</i>
4. FEI Number 16-1670983		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**BEELER, MARY SUE
25 SECOND STREET NORTH
SUITE 320
ST. PETERSBURG, FL 33701**

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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 re-registering) 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
NAME	SCHROEDER, STEVEN
STREET ADDRESS	2238 WEST FIRST STREET, #140
CITY-ST-ZIP	LOVELAND, OH 80537
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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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:  **Steven Schroeder** 2/28/05 727-532-9003

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