


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000030119**  
 1. Entity Name  
**OAK HEIGHTS DEVELOPMENT 4, INC.**



Principal Place of Business      Mailing Address  
 700 OAK HEIGHTS CT              700 OAK HEIGHTS CT  
 PT ORANGE, FL 32127              PT ORANGE, FL 32127

**DO NOT WRITE IN THIS SPACE**



02222008      No Chg-P      CR2E034 (11/05)

4. FEI Number 20-2436988	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
 NOFTALL, F W  
 700 OAK HEIGHTS CT  
 PT ORANGE, FL 32127

**DO NOT WRITE IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTM NOFTALL, F.W. 700 OAK HEIGHTS CT PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOFTALL, L.A. 700 OAK HEIGHTS CT PORT ORANGE, FL 32127
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U00000840588  
 03/06/08-80054-007 150.00

**DO NOT WRITE IN THIS SPACE**

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:  **FW NOFTALL**      Date: **2/24/08**      Daytime Phone # \_\_\_\_\_