

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**



<b>DOCUMENT # M95495</b>				<b>1. Entity Name</b>		OXFORD FINANCIAL INC.	
<b>Principal Place of Business</b>				<b>Mailing Address</b>			
6681 49TH STREET NORTH PINELLAS PARK FL 33781 US				6681 49TH STREET NORTH PINELLAS PARK FL 33781 US			
<b>2. Principal Place of Business</b>				<b>3. Mailing Address</b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip				Country		Country	
6681 49TH STREET NORTH PINELLAS PARK FL 33781				1st MOORE		CR2E034 (10/04)	
<b>4. FEI Number</b>				59-2948101		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
HALPRIN, DAVID A. 6681 49TH STREET NORTH PINELLAS PARK FL 33781				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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAME, ELAINE J.			NAME			
STREET ADDRESS	6681-49TH STREET NORTH			STREET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK FL 33781			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEGREDO, SHARON R			NAME			
STREET ADDRESS	6681 49TH STREET NORTH			STREET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK FL 33781			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALPRIN, DAVID A			NAME			
STREET ADDRESS	6681 49TH STREET NORTH			STREET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK FL 33781			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALPRIN, MICHAEL J			NAME			
STREET ADDRESS	6681 49TH STREET NORTH			STREET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK FL 33781			CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALPRIN, LAURA A			NAME			
STREET ADDRESS	6681 49TH STREET NORTH			STREET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK FL 33781			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(f), 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:** *Elaine J. Brame*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *Elaine J. Brame, Director* **Date** *4/19/05* **Daytime Phone #** *(727) 521-4664*