

# ANNUAL REPORT (AR)

**DOCUMENT # M95495**

1. Entity Name

**OXFORD FINANCIAL INC.**



**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>6681 49TH STREET NORTH PINELLAS PARK FL 33781 US</b>	Mailing Address <b>6681 49TH STREET NORTH PINELLAS PARK FL 33781 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number **59-2948101**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HALPRIN, DAVID A.  
6681 49TH STREET NORTH  
PINELLAS PARK FL 33781**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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**

TITLE	D <input type="checkbox"/> Delete	NAME <b>BRAME, ELAINE J.</b>
STREET ADDRESS		<b>6681-49TH STREET NORTH</b>
CITY-ST-ZIP		<b>PINELLAS PARK FL 33781</b>
TITLE	D <input type="checkbox"/> Delete	NAME <b>SEGREDO, SHARON R</b>
STREET ADDRESS		<b>6681 49TH STREET NORTH</b>
CITY-ST-ZIP		<b>PINELLAS PARK FL 33781</b>
TITLE	PD <input type="checkbox"/> Delete	NAME <b>HALPRIN, DAVID A</b>
STREET ADDRESS		<b>6681 49TH STREET NORTH</b>
CITY-ST-ZIP		<b>PINELLAS PARK FL 33781</b>
TITLE	DVP <input type="checkbox"/> Delete	NAME <b>HALPRIN, MICHAEL J</b>
STREET ADDRESS		<b>6681 49TH STREET NORTH</b>
CITY-ST-ZIP		<b>PINELLAS PARK FL 33781</b>
TITLE	DST <input type="checkbox"/> Delete	NAME <b>HALPRIN, LAURA A</b>
STREET ADDRESS		<b>6681 49TH STREET NORTH</b>
CITY-ST-ZIP		<b>PINELLAS PARK FL 33781</b>
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		<b>U00000919190</b>
CITY-ST-ZIP		<b>05/13/08-80111-022 150.00</b>
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		
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 exemptions contained in Section 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:** David A. Halprin, President 4/17/08 (427) 521-4664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR