


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90028 046 ***158.75

DOCUMENT # P04000048403

1. Entity Name
OASIS ISLAND, INC.



Principal Place of Business Mailing Address

9550 S. OCEAN DRIVE **9550 S. OCEAN DRIVE**
SUITE 1 **SUITE 1510**
JENSEN BEACH, FL 34957 **JENSEN BEACH, FL 34957**

40011426

2. Principal Place of Business 3. Mailing Address

7148 DeMedici Circle **7148 DeMedici Circle**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



01052005 Chg-P CR2E034 (10/03)

City & State City & State

DeRAY BEH FL **DeRAY BEH FL**

Zip Country Zip Country

33446 USA **33446 USA**

4. FEI Number Applied For

51-0503832 Not Applicable

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

6. Name and Address of Current Registered Agent

BEIGHLEY & MYRICK, P.A.
1255 W. ATLANTIC BOULEVARD
#314
POMPANO BEACH, FL 33069

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: **BEIGHLEY & MYRICK, P.A.** DATE: **1-6-05**

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, 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	PD	<input type="checkbox"/> Delete
NAME	LOCKARD, KENNETH	
STREET ADDRESS	9550 S. OCEAN DRIVE, SUITE 1510	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	LOCKARD, SHARON	
STREET ADDRESS	9550 S. OCEAN DRIVE, SUITE 1510	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOCKARD, DOUGLAS	
STREET ADDRESS	9550 S. OCEAN DRIVE, SUITE 1510	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STARLING, LYNDA	
STREET ADDRESS	9550 S. OCEAN DRIVE, SUITE 1510	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
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		
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 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: **Kenneth Lockard** DATE: **1-6-05** DAYTIME PHONE #: **561-495-2929**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR