


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000064844**  
1. Entity Name  
**BARGAIN OASIS, INC.**



Principal Place of Business      Mailing Address  
**101 SUNNYTOWN RD, SUITE 310**      **101 SUNNYTOWN RD, SUITE 310**  
**CASSELBERRY, FL 32707**              **CASSELBERRY, FL 32707**



07012004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-3585064**      *Not Applicable*

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

6. Name and Address of Current Registered Agent  
**WHITCOMB, WILTON**  
**101 SUNNYTOWN RD, SUITE 310**  
**CASSELBERRY, FL 32707**

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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 \_\_\_\_\_ 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**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	THEDFORD, JOHN D
STREET ADDRESS	101 SUNNYTOWN RD, SUITE 310
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	DVTS
NAME	WHITCOMB, WILTON
STREET ADDRESS	101 SUNNYTOWN RD, SUITE 310
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/14/04-R0004-007 150.00

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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: *John D. Theford*      7-14      407-358-0064  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #