

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90066 040 ***150.00

DOCUMENT # 347600

1. Entity Name
OXFORD HOUSE APARTMENTS INC



Principal Place of Business
**13910 LAKE PLACID CT.
MIAMI LAKES, FL 33014**

Mailing Address
**13910 LAKE PLACID CT.
MIAMI LAKES, FL 33014**



04092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1316617

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARRISON, JOHN D.
13910 LAKE PLACID CT.
MIAMI LAKES, FL 33014**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REYNOLDS, ROSE
STREET ADDRESS	6101 DARTMOOR CT.
CITY- ST- ZIP	ORLANDO, FL 00000,
TITLE	T
NAME	JONES, GYPSY A
STREET ADDRESS	8024 ROWAN CT.
CITY- ST- ZIP	ORLANDO, FL 00000,
TITLE	VSP
NAME	GARRISON, JOHN D
STREET ADDRESS	13910 LAKE PLACID CT.
CITY- ST- ZIP	MIAMI LAKES, FL 00000,
TITLE	AC
NAME	GARRISON, JOHN D
STREET ADDRESS	13910 LAKE PLACID CT
CITY- ST- ZIP	MIAMI LAKES, FL 00000,
TITLE	AT
NAME	GARRISON, JOSEPH A.
STREET ADDRESS	13910 LAKE PLACID CT
CITY- ST- ZIP	MIAMI LAKES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 (305) 822-8937
Date Daytime Phone #