

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 347600

FILED  
Mar 31, 2005  
Secretary of State

Entity Name: OXFORD HOUSE APARTMENTS INC

## Current Principal Place of Business:

13910 LAKE PLACID CT.  
MIAMI LAKES, FL 33014

## New Principal Place of Business:

6445 MIAMI LAKES DRIVE E  
210 B  
MIAMI LAKES, FL 33014

## Current Mailing Address:

13910 LAKE PLACID CT.  
MIAMI LAKES, FL 33014

## New Mailing Address:

P.O. BOX 4613  
HIALEAH, FL 33014

FEI Number: 59-1316617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

GARRISON, JOHN D  
P.O. BOX 4613.  
HIALEAH,, FL 33014 US

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.

SIGNATURE: JOHN D. GARRISON

03/31/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: REYNOLDS, ROSE,  
Address: 6101 DARTMOOR CT.  
City-St-Zip: ORLANDO, FL 00000,

Title: T ( ) Delete  
Name: JONES, GYPSY A,  
Address: 8024 ROWAN CT.  
City-St-Zip: ORLANDO, FL 00000,

Title: VSP (X) Delete  
Name: GARRISON, JOHN D,  
Address: 13910 LAKE PLACID CT  
City-St-Zip: MIAMI LAKES, FL 00000,

Title: AC (X) Delete  
Name: GARRISON, JOHN D,  
Address: 13910 LAKE PLACID CT  
City-St-Zip: MIAMI LAKES, FL 00000,

Title: AT (X) Delete  
Name: GARRISON, JOSEPH A.,  
Address: 13910 LAKE PLACID CT  
City-St-Zip: MIAMI LAKES, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GARRISON, JOHN D  
Address: 6371 LAKE CHAMPLAIN TERR.  
City-St-Zip: MIAMI LAKES, FL 33014

Title: S (X) Change ( ) Addition  
Name: GARRISON, JOHN D  
Address: 6371 LAKE CHAMPLAIN TERR.  
City-St-Zip: MIAMI LAKES, FL 33014

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN D. GARRISON

P

03/31/2005

Electronic Signature of Signing Officer or Director

Date