



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90007 027 \*\*\*150.00

<b>DOCUMENT # 650004</b> 1. Entity Name <b>SANTA FE OASIS, INC.</b>					
Principal Place of Business <b>412 N E 16TH AVE</b> <b>P.O. BOX 1776</b> <b>GAINESVILLE, FL 32601</b>			Mailing Address <b>412 N E 16TH AVE</b> <b>P.O. BOX 1776</b> <b>GAINESVILLE, FL 32601</b>		
2. Principal Place of Business <b>4127 NW 27th Ln.</b> Suite, Apt. #, etc. <b>Suite A</b>		3. Mailing Address <b>P.O. Box 357845</b> Suite, Apt. #, etc.			
City & State <b>Gainesville FL</b>		City & State <b>Gainesville FL</b>		4. FEI Number <b>59-1973984</b>	
Zip <b>32606</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEE, DENNIS G.</b> <b>412 N.E. 16TH AVE.</b> <b>GAINESVILLE, FL 32601</b>				7. Name and Address of New Registered Agent Name <b>Lee Dennis G.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4127 NW 27th Ln, Suite A</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32606</b>	
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 <b>Dennis G. Lee</b> <b>1/29/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LEE, DENNIS G 412 NE 16TH AVE. GAINESVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Lee, Dennis G. 4127 NW 27th Ln., Ste A Gainesville FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV LEE, CARIDAD 412 NE 16 AVENUE GAINESVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV Lee Caridad 4127 NW 27th Ln, Ste A Gainesville FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DAVIES, LISA S 412 N.E. 16 AVENUE GAINESVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Davies, Lisa S. 4127 NW 27th Ln, Ste A Gainesville, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Dennis G. Lee</b> <b>1/29/04</b> <b>352-334-1976</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					