2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 686466

Title:

Name:

Address:

City-St-Zip:

VD

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PEEBLES, KATHLEEN C.,

2006 61ST ST EAST

PALMETTO, FL

COUNCIL-OXFORD. INC

FILED Jan 09, 2008 Secretary of State

Entity Name: COUNCIL-OXFORD, INC.					
Current Principal Place of Business:			New Principal Place	of Business:	
514 CAMER RUSKIN, F					
Current Ma	ailing Address	:	New Mailing Address	New Mailing Address:	
P.O. BOX 4 RUSKIN, F					
FEI Number:	59-2023380	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent				of New Registered Agent:	
2008 61SŤ	WALTER W ST EAST D, FL 34221	US			
The above in the State		bmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	Signature of Registered Age	ent	Date	
Election Carr	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () [COUNCIL, WALT 2008 61ST ST E/ PALMETTO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD ()[PEEBLES, KATH 2006 61ST ST. E PALMETTO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SDT () E COUNCIL, DAVIE 2118 17TH CT E BRADENTON, FL	AST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PA ()[COUNCIL, WALT 2008 61ST ST E/ PALMETTO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KATHLEEN C. PEEBLES VP 01/09/2008

() Change () Addition