

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F35484

FILED
Jan 31, 2005
Secretary of State

Entity Name: C.E. OXFORD CO., INC.

Current Principal Place of Business:

2609 SKYVIEW DR
PO BOX 1793
EATON PARK, FL 338408793

New Principal Place of Business:

2609 SKYVIEW DR
LAKELAND, FL 33801

Current Mailing Address:

2609 SKYVIEW DR
PO BOX 1793
EATON PARK, FL 338401793

New Mailing Address:

PO BOX 1793
EATON PARK, FL 338401793

FEI Number: 59-2095312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OXFORD, CHARLES E
1007 DUNCAN AVENUE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BERTRAM, JAMES A,
Address: 1804 STONECREST CT.
City-St-Zip: LAKELAND, FL

Title: PD () Delete
Name: OXFORD, CHARLES E,
Address: 1007 DUCAN AVE
City-St-Zip: LAKELAND, FL

Title: ST () Delete
Name: OXFORD, JUANITA R,
Address: 1007 DUNCAN AVE
City-St-Zip: LAKELAND, FL

Title: SRV () Delete
Name: OXFORD, MICHAEL E,
Address: 2375 MILES COURT
City-St-Zip: LAKELAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BERTRAM, JAMES A,
Address: 1804 STONECREST CT.
City-St-Zip: LAKELAND, FL 33813

Title: PD (X) Change () Addition
Name: OXFORD, CHARLES E,
Address: 1007 DUNCAN AVE
City-St-Zip: LAKELAND, FL 33801

Title: ST (X) Change () Addition
Name: OXFORD, JUANITA R,
Address: 1007 DUNCAN AVE
City-St-Zip: LAKELAND, FL 33801

Title: SRV (X) Change () Addition
Name: OXFORD, MICHAEL E,
Address: 2375 MILES COURT
City-St-Zip: LAKELAND, FL 33813

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: JAMES A. BERTRAM

VP

01/31/2005

Electronic Signature of Signing Officer or Director

Date