

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90069 018 ***150.00

DOCUMENT # K90486 1. Entity Name OASIS CLEANERS, INC.					
Principal Place of Business C/O JUDITH A. DELAPORTAS 3210 1ST STREET, SUITE 17 BRADENTON, FL 34208			Mailing Address C/O JUDITH A. DELAPORTAS 3210 1ST ST. WEST BRADENTON, FL 34208 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-0120608			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DELAPORTAS, JUDITH A. 3210 1ST STREET SUITE 17 BRADENTON, FL 34208			7. Name and Address of New Registered Agent Name: JUDITH A. CAMERON Street Address (P.O. Box Number is Not Acceptable): SAME City: FL Zip Code:		
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: <i>Judith A. Cameron</i> DATE: 2/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P <input type="checkbox"/> Delete NAME: DELAPORTAS, JUDITH A. STREET ADDRESS: 5211 86TH ST COURT, W CITY-ST-ZIP: BRADENTON, FL 34210			TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: CAMERON, JUDITH A. STREET ADDRESS: "NAME CHANGE DUE TO MARRIAGE" CITY-ST-ZIP:		
TITLE: V <input type="checkbox"/> Delete NAME: CAMERON, JOSEPH S STREET ADDRESS: 5211 86TH ST CT W CITY-ST-ZIP: BRADENTON, FL 34210			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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: <i>Judith A. Cameron</i> DATE: 2/27/05 (941) 747-9077 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

Department of Health • Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORDTYPE IN UPPER CASE
USE BLACK INKThis license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

OR BOOK 01981 PAGES 4841 - 4841
MANATEE COUNTY CLERK COURT
1 PAGE(S)

RECORDED; 12/29/2004 7:43:23

2004 ML 002018
(APPLICATION NUMBER)

APPLICATION TO MARRY

GROOM'S NAME (FIRST, MIDDLE, LAST)			2. DATE OF BIRTH (Month, Day, Year)	
JOSEPH STEPHEN CAMERON			08/11/1961	
a. RESIDENCE - CITY, TOWN, OR LOCATION	3b. COUNTY	3c. STATE	4. BIRTHPLACE (State or Foreign Country)	
BRADENTON	MANATEE	FLORIDA	ENGLAND	
a. BRIDES NAME (First, Middle, Last)			5b. MAIDEN SURNAME (if different)	6. DATE OF BIRTH (Month, Day, Year)
JUDITH ALICE DELAPORTAS			SPELOCK	09/11/1945
a. RESIDENCE - CITY, TOWN, OR LOCATION	7b. COUNTY	7c. STATE	8. BIRTHPLACE (State or Foreign Country)	
BRADENTON	MANATEE	FLORIDA	PENNSYLVANIA	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink)	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
<i>Joe L. Cameron</i>	12/20/2004
11. TITLE OF OFFICIAL	12. SIGNATURE OF OFFICIAL (Use black ink)
DEPUTY CLERK	<i>[Signature]</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink)	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
<i>Judith Alice Delaportas</i>	12/20/2004
15. TITLE OF OFFICIAL	16. SIGNATURE OF OFFICIAL (Use black ink)
DEPUTY CLERK	<i>[Signature]</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE	18. DATE LICENSE ISSUED	18a. DATE LICENSE EFFECTIVE	19. EXPIRATION DATE
MANATEE COUNTY	12/20/2004	12/23/2004	02/20/2005
20a. SIGNATURE OF COUNTY CLERK OR JUDGE		20b. TITLE	20c. BY D.C.
<i>[Signature]</i>		R.B. SHORE, CLERK OF CIRCUIT COURT	<i>[Signature]</i>

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year)	22. CITY, TOWN, OR LOCATION OF MARRIAGE		
12-24-04	Bradenton, FL 34210		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)	23c. ADDRESS (Of person performing ceremony)		
<i>Faye L. Ming</i>	1519 3RD AVE W BRADENTON, FL 34205		
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp)	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)		
FAYE L. MING MY COMMISSION # CC 991291 EXPIRES: May 3, 2005	<i>Cherissa S. Wick</i>		
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)		
	<i>Paula Weeks</i>		

STATE OF FLORIDA
COUNTY OF MANATEE

I, R. B. SHORE, CLERK OF THE CIRCUIT COURT HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE MARRIAGE RECORD AS THE SAME APPEARS IN MY OFFICE.

WITNESS MY HAND AND SEAL THIS 10th DAY OF January, A. D. 2005

R. B. SHORE
CLERK OF CIRCUIT COURTBY: *[Signature]*

SEAL

