

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90031 039 ***150.00

DOCUMENT # M91763

1. Entity Name
OXFORD RESOURCES, INC.



Principal Place of Business
**7858 INDUSTRIAL PARKWAY
PLAIN CITY OH 43064**

Mailing Address
**7858 INDUSTRIAL PARKWAY
PLAIN CITY OH 43064**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

2nd MOORE

CR2E034 (4/06)

4. FEI Number **31-1244492**

Applied For
Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006**

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. (Fee to file is \$150.00) ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 Ma
Added to Fe

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEO
DAVIS, S. ROBERT
7858 INDUSTRIAL PKWY
PLAIN CITY OH 43064** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
ASMO, RANDALL J
7858 INDUSTRIAL PKWY
PLAIN CITY OH 43064** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CFO
BOUTH, TED
7858 INDUSTRIAL PKWY
PLAIN CITY OH 43064** ☒ Delete

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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #