

ANNUAL REPORT (AR)

DOCUMENT # M95495

1. Entity Name

OXFORD FINANCIAL INC.



FILED

Apr 24, 2008 08:00 AM
Secretary of State

Principal Place of Business

6681 49TH STREET NORTH
PINELLAS PARK FL 33781
US

Mailing Address

6681 49TH STREET NORTH
PINELLAS PARK FL 33781
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-2948101

Applied For

Not Applicable

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

HALPRIN, DAVID A.
6681 49TH STREET NORTH
PINELLAS PARK FL 33781

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 the filer (applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BRAME, ELAINE J.
STREET ADDRESS 6681-49TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781

☐ Change ☐ Addition
NAME U000000919190
STREET ADDRESS 05/13/08-80111-022 150.00
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SEGRODO, SHARON R
STREET ADDRESS 6681 49TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME HALPRIN, DAVID A
STREET ADDRESS 6681 49TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☐ Delete
NAME HALPRIN, MICHAEL J
STREET ADDRESS 6681 49TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DST ☐ Delete
NAME HALPRIN, LAURA A
STREET ADDRESS 6681 49TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

David A. Halprin, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08

(727) 521-4664

DATE

PHONE NUMBER