2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000066813

1. Entity Name
L'OASIS BUILDERS INCORPORATED

Principal Place of Business	Mailing Address
16887 WEST GLASGOW DRIVE LOXAHATCHEE, FL 33470	11328 OKEECHHOBEE BLVD STE 2 ROYAL PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

03092005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1024449	Not Applicable

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

6. Name and Address of Current Registered Agent

PAGANELLO, GARY
16887 WEST GLASGOW DRIVE
LOXAHATCHEE, FL 33470

DO NOT WRITE IN THIS SPACE

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 $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	PAGANELLO, GARY
STREET ADDRESS	16887 WEST GLASGOW DRIVE
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	VD
NAME	KOEHLER, WERNER N
STREET ADDRESS	4360 129TH AVENUE
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U000000261030
03/12/05-80048-010 150.00

DO NOT WRITE IN THIS SPACE

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: _____   GARY PAGANELLO   3/9/05   561-798-8730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #