

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000073504

Entity Name: ASAP HOME OXYGEN, INC.

FILED
Apr 08, 2005
Secretary of State

Current Principal Place of Business:

KRESS BLDG, SUITE M-8
475 CENTRAL AVENUE
ST PETERSBURG, FL 33701 US

Current Mailing Address:

C/O ERNEST L. MASCARA, PA
475 CENTRAL AVENUE, SUITE M8
ST PETERSBURG, FL 33701 US

New Principal Place of Business:

KRESS BLDG, SUITE 202
475 CENTRAL AVENUE
ST PETERSBURG, FL 33701 US

New Mailing Address:

C/O ERNEST L. MASCARA, PA
475 CENTRAL AVENUE, SUITE 202
ST PETERSBURG, FL 33701 US

FEI Number: 59-3662761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASCARA, ERNEST L
KRESS BLDG, SUITE M-8
475 CENTRAL AVENUE
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

MASCARA, ERNEST L
KRESS BLDG, SUITE 202
475 CENTRAL AVENUE
ST PETERSBURG, FL 33701 US

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: ERNEST L. MASCARA

04/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: MASCARA, ERNEST L
Address: 475 CENTRAL AVENUE, SUITE M-8
City-St-Zip: ST PETERSBURG, FL 33701 US

Title: P () Delete
Name: MYERS, JOSEPH
Address: 2820 SCHERER DRIVE NORTH, SUITE 220
City-St-Zip: ST. PETERSBURG, FL 33716 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: MASCARA, ERNEST L
Address: 475 CENTRAL AVENUE, SUITE 202
City-St-Zip: ST PETERSBURG, FL 33701 US

Title: P (X) Change () Addition
Name: MYERS, JOSEPH
Address: 2850 SCHERER DRIVE, SUITE 500
City-St-Zip: ST. PETERSBURG, FL 33716 US

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: ERNEST L. MASCARA

DVP

04/08/2005

Electronic Signature of Signing Officer or Director

Date