

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000058619

1. Entity Name
OXFORD FINANCIAL SERVICES, INC.



Principal Place of Business
1690 US 1 SOUTH, STE. E
ST. AUGUSTINE, FL 32084

Mailing Address
1690 US 1 SOUTH, STE. E
ST. AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3734227

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ASSELTA, JAMES J
1690 US 1 SOUTH, STE. E
ST. AUGUSTINE, FL 32084

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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, 2008 Fee will be \$550.00

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

000000786097
01/17/08-80027-008 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME PANICHELLO, JOHN R
STREET ADDRESS 1690 US 1 SOUTH, STE. E
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE D
NAME ASSELTA, JAMES J
STREET ADDRESS 1690 US 1 SOUTH, STE. E
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE
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CITY-ST-ZIP

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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

James J. Asselta

1/14/08

Date

Daytime Phone #

602-40923