2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000084487

1. Entity Name
OXFORD INVESTMENTS, INC.

Principal Place of Business	Mailing Address
106 W. BELT AVENUE	P.O. BOX 1555
BUSHNELL, FL 33513	BUSHNELL, FL 33517

94076300

DO NOT WRITE IN THIS SPACE

02122004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3746114	Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, TODD L
106 W. BELT AVENUE
BUSHNELL, FL 33513

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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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWN, TODD L
STREET ADDRESS	106 W. BELT AVENUE
CITY-ST-ZIP	BUSHNELL, FL 33513

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   2-20-04   (352) 603-2445

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