

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000099586

1. Entity Name  
OXFORD BTM, INC.



**FILED**  
**Aug 21, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
1899 PORTER LAKE DRIVE  
#104  
SARASOTA, FL 34240

Mailing Address  
1899 PORTER LAKE DRIVE  
#104  
SARASOTA, FL 34240



08182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-2384341

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FLAHERTY, MARK T  
1834 MAIN STREET  
SARASOTA, FL 34236

**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**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MORSE, BETH ANN  
STREET ADDRESS 1899 PORTER LAKE DRIVE #104  
CITY-ST-ZIP SARASOTA, FL 34240

TITLE DP  
NAME MURPHY, TERRENCE J  
STREET ADDRESS 1899 PORTER LAKE DRIVE #104  
CITY-ST-ZIP SARASOTA, FL 34240

TITLE DST  
NAME MURPHY, MEGAN M  
STREET ADDRESS 1899 PORTER LAKE DRIVE #104  
CITY-ST-ZIP SARASOTA, FL 34240

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000958090  
08/21/08-80002-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

8-19-08

Date

941 379 8775

Daytime Phone #