


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90007 015 ***150.00

DOCUMENT # P02000113022					
1. Entity Name OASIS OF LEE COUNTY, INC.					
Principal Place of Business C/O CAROL J TIETJEN 33195 US HIGHWAY 19N #200 PALM HARBOR, FL 34684-3126			Mailing Address C/O CAROL J TIETJEN 33195 US HIGHWAY 19N #200 PALM HARBOR, FL 34684-3126		
2. Principal Place of Business C/O Elda Faymoville <small>Suite, Apt. #, etc.</small>			3. Mailing Address 1355 Friend Ave <small>Suite, Apt. #, etc.</small>		
City & State Clearwater, FL		City & State Clearwater, FL		4. FEI Number 30-0131217	
Zip 33756	Country Pinellas	Zip 33756	Country Pinellas	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TIETJEN, CAROL J 33195 US HIGHWAY 19N #200 PALM HARBOR, FL 34684-3126				7. Name and Address of New Registered Agent Elda Faymoville 1355 Friend Ave Clearwater, FL 33756	
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 <u><i>Elda Faymoville</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>6-30-04</u>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIETJEN, CAROL J 33195 US HIGHWAY 19N #200 PALM HARBOR, FL 346843126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Carol J Tietjen 50 S Main St Janesville, WI 53545	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRECHETTE, ROBERT J PO BOX 682 ESSEX JUNCTION, FL 054530682	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Robert J. Frechette</i></u> Sec. I have not received a notice prior to this from the FL Division of Corporations <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<u>Robert J. Frechette, Sec. 802-878-3180</u> <small>Date Daytime Phone #</small>					