

**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      Mailing Address

**C/O CAROL J TIETJEN**      **C/O CAROL J TIETJEN**  
**33195 US HIGHWAY 19N #200**      **33195 US HIGHWAY 19N #200**  
**PALM HARBOR, FL 34684-3126**      **PALM HARBOR, FL 34684-3126**

2. Principal Place of Business      3. Mailing Address

**C/O Elda Faymoville**      **1355 Friend Ave**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Clearwater, FL**      **Clearwater, FL**

Zip      Country      Zip      Country

**33756**      **Pinellas**      **33756**      **Pinellas**



06162004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**30-0131217**       Not Applicable

5. Certificate of Status Desired       **\$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

Name      **Elda Faymoville**

Street Address (P.O. Box Number is Not Acceptable)

**1355 Friend Ave**

City      **Clearwater**      State      **FL**      Zip Code      **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 *Elda Faymoville*      DATE **6-30-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

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		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:** *Robert J. Frechette*      **Sec.**      **I have not received a notice prior to this from the FL Division of Corporations**

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

*Robert J. Frechette, Sec. 802-878-3180*