


2005 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000113022		
1. Entity Name OASIS OF LEE COUNTY, INC.		

Principal Place of Business C/O ELDA FAYMOVILLE 33195 US HIGHWAY 19N #200 PALM HARBOR, FL 34684-3126	Mailing Address 1355 FRIEND AVE CLEARWATER, FL 33756
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2. Principal Place of Business <i>1355 Friend Ave</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Palm Harbor, FL</i>	City & State
Zip <i>33756</i>	Country <i>USA</i>

6. Name and Address of Current Registered Agent FAYMOVILLE, ELDA 1355 FRIEND AVE CLEARWATER, FL 33756	
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FILED
05 MAR -2 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02182005 Chg-P CR2E034 (10/03) **TK**

4. FEI Number 30-0131217	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIETJEN, CAROL J 50 S. MAIN ST JANESVILLE, WI 53545 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robert J. Frechette <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 682 Essex Junction, VT 05453
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	SD Carol J. Tietjen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50 So. Main St. Janesville, WI 53545
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100047981594/50.08 03/09/05--01004--018 ***300.00
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 President* *2/22/05* Robert J Frechette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
18 Upland Road
Essex Junction, VT 05453