# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Sep 09, 2005**
**Secretary of State**

## DOCUMENT# P03000057614

**Entity Name:**  OXER SQUARE FARM, INC.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 2880 TWIN OAKS WAY<br>WELLINGTON, FL  33414 | 10862 NORTH GREEN DRIVE<br>LAKE WORTH, FL  33454 |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 2880 TWIN OAKS WAY<br>WELLINGTON, FL  33414 | 14715 EAST MONTGOMERY ROAD<br>SCOTTSDALE, AZ  85262 |

**FEI Number:**          FEI Number Applied For ( )          FEI Number Not Applicable (X)          Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| LEPOW, KRISTINA A<br>2880 TWIN OAKS WAY<br>WELLINGTON, FL  33414     US | LEPOW, KRISTINA A<br>10862 NORTH GREEN DRIVE<br>LAKE WORTH, FL  33454     US |

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.

SIGNATURE:  KRISTINA LEPOW                                                   09/09/2005
_____
                    Electronic Signature of Registered Agent                                        Date

**Election Campaign Financing Trust Fund Contribution ( ).**

| **OFFICERS AND DIRECTORS:** | **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:** |
|---|---|
| Title:          PSTD          ( ) Delete | Title:          PSTD          (X) Change  ( ) Addition |
| Name:        LEPOW, KRISTINA A | Name:        LEPOW, KRISTINA A |
| Address:     2880 TWIN OAKS WAY | Address:     14715 EAST MONTGOMERY ROAD |
| City-St-Zip:  WELLINGTON, FL  33414 | City-St-Zip:  SCOTTSDALE, AZ  85262 |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE:  KRISTINA LEPOW                                    PRES               09/09/2005
_____
          Electronic Signature of Signing Officer or Director                                   Date