

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072223

FILED
Mar 19, 2009
Secretary of State

Entity Name: OXFORD PROFESSIONAL BUILDERS, INC.

Current Principal Place of Business:

2097 CR 245C
OXFORD, FL 34484

New Principal Place of Business:

1102 NORTH MAIN STREET
SUITE D
WILDWOOD, FL 34785

Current Mailing Address:

2097 CR 245C
OXFORD, FL 34484

New Mailing Address:

FEI Number: 41-2101690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTENGREN, JASON A
2097 CR 245C
OXFORD, FL 34484 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: ORTENGREN, JASON A
Address: 2097 CR 245 C
City-St-Zip: OXFORD, FL 34484

Title: VP () Delete
Name: ORTENGREN, SCOTT
Address: 2097 CR 245 C
City-St-Zip: OXFORD, FL 34484

Title: AS () Delete
Name: ORTENGREN, SEBRINA
Address: 2097 CR 245 C
City-St-Zip: OXFORD, FL 34484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: ORTENGREN, SABRINA
Address: 2097 CR 245 C
City-St-Zip: OXFORD, FL 34484

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JASON ORTENGREN

DPTS

03/19/2009

Electronic Signature of Signing Officer or Director

Date