

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116648

Entity Name: OLDFIELD SHOPPES, INC.

FILED
Apr 02, 2007
Secretary of State

Current Principal Place of Business:

8024 WANDERING DEER CT
JACKSONVILLE, FL 32256

New Principal Place of Business:

4495 ROOSEVELT BLVD UNIT 110
JACKSONVILLE, FL 32210

Current Mailing Address:

P O BOX 528
PONTE VEDRA, FL 32004

New Mailing Address:

P O BOX 551232
JACKSONVILLE, FL 32255

FEI Number: 61-1454253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, J. ALLYN
8024 WANDERING DEER CT
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

SIMMONS, J. ALLYN
4495 ROOSEVELT BLVD UNIT 110
JACKSONVILLE, FL 32210 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: J ALLYN SIMMONS

04/02/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SIMMONS, J. ALLYN
Address: P.O. BOX 528
City-St-Zip: PONTE VEDRA BEACH, FL 32004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: SIMMONS, J. ALLYN
Address: P.O. BOX 551232
City-St-Zip: JACKSONVILLE, FL 32255

I hereby certify that the information supplied with this filing does not qualify for the 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: J ALLYN SIMMONS

PRES

04/02/2007

Electronic Signature of Signing Officer or Director

Date