



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90037 035 ***150.00

DOCUMENT # P03000144828 1. Entity Name OXFORD FINANCIAL OF HILLSBOROUGH, INC.					
Principal Place of Business 15304 CARROLLTON LANE TAMPA, FL 33624 US			Mailing Address 15304 CARROLLTON LANE TAMPA, FL 33624 US		
2. Principal Place of Business <i>15304 Carrollton Ln.</i> Suite, Apt. #, etc.		3. Mailing Address <i>15304 Carrollton Ln.</i> Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 58-2677929	
Zip 33624		Country HillSborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODD, STEVEN B 28870 U S HWY 19 NORTH SUITE 300 CLEARWATER, FL 33761				7. Name and Address of New Registered Agent Name Steven B Rodd Street Address (P.O. Box Number is Not Acceptable) 28870 U S Hwy 19 N. #300 City clearwater FL 33761	
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 <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODD, STEVEN B 28870 U S HWY 19 NORTH SUITE 300 CLEARWATER, FL 33761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RODD, STEVEN B 28870 U S HWY 19 NORTH SUITE 300 CLEARWATER, FL 33761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA RODD, STEVEN B 28870 U S HWY 19 NORTH SUITE 300 CLEARWATER, FL 33761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Steven Rodd</i> Steven Rodd 3-7-05 813-960-0815 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					