


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
May 22, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # P04000035528</b>	
<b>1. Entity Name</b> OASIS INVESTMENT SOLUTIONS, INC.	

<b>Principal Place of Business</b> 4309 PABLO OAKS COURT SUITE FIVE JACKSONVILLE, FL 32224	<b>Mailing Address</b> 3829 BRAMPTON ISLAND CT N JACKSONVILLE, FL 32224
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04242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 20-0838071	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  HENDERSON KEASLER LAW FIRM, P.A. 4309 PABLO OAKS COURT SUITE FIVE JACKSONVILLE, FL 32224
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**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be**  
**Trust Fund Contribution.** **Added to Fees**

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>P</b> <b>CONNER, HOWARD</b> <b>3829 BRAMPTON ISLAND CT N</b> <b>JACKSONVILLE, FL 32224</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	
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05/22/06-80006-018 150.00

**DO NOT WRITE  
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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Howard D. Conner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-06 904-223-7880  
Date Daytime Phone #

Howard D. Conner