

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90088 016 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000058509 1. Entity Name JOSEPH OLDHAM INC.					
Principal Place of Business 203 BUSCH DRIVE EAST JACKSONVILLE FL 32218			Mailing Address 203 BUSCH DRIVE EAST JACKSONVILLE FL 32218		
2. Principal Place of Business 6701 Brookridge Trail Suite, Apt. #, etc.		3. Mailing Address PO Box 26875 Suite, Apt. #, etc.			
City & State Lakeland FL Zip 33810 Country Polk		City & State Jacksonville FL Zip 32226-6875 Country Duval		4. FEI Number 20-0843395	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent OLDHAM, JOSEPH 203 BUSCH DRIVE EAST JACKSONVILLE, FL 32218			7. Name and Address of New Registered Agent Name Oldham, Joseph Street Address (P.O. Box Number is Not Acceptable) 6701 Brookridge Trail City Lakeland FL Zip Code 33810		
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 Joseph Oldham 2/25/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <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 OLDHAM, JOSEPH <input checked="" type="checkbox"/> Delete 203 BUSCH DRIVE EAST JACKSONVILLE FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Oldham, Joseph <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6701 Brookridge Trail Lakeland FL 33810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Joseph Oldham 2/25/05 904 616 9560 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					