

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90119 005 ***158.75
P04000113739

DOCUMENT # P04000113739 1. Entity Name CREATIVE OASIS, INC.					
Principal Place of Business 2297 LUANA DRIVE EAST JACKSONVILLE, FL 32246			Mailing Address 2297 LUANA DRIVE EAST JACKSONVILLE, FL 32246		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Certificate Number 77-0673049				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JIMENEZ, SHERRY L 2297 LUANA DR EAST JACKSONVILLE FL, FL 32246				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signatures of officers and directors must be signed by the individual. Officers and directors must sign and print name.</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JIMENEZ, SHERRY L		NAME		
STREET ADDRESS	2297 LUANA DR EAST		STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE, FL 32246		CITY ST ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JIMENEZ, RAMON I SR		NAME		
STREET ADDRESS	2297 LUANA DR EAST		STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE, FL 32246		CITY ST ZIP		
TITLE	ST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JIMENEZ, RAMON I JR		NAME		
STREET ADDRESS	2297 LUANA DR EAST		STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE, FL 32246		CITY ST ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUEITSCH, JOSHUA A		NAME		
STREET ADDRESS	2297 LUANA DRIVE EAST		STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE, FL 32246		CITY ST ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
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>Sherry L Jimenez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>Sherry L Jimenez</i> Creative Oasis Inc.		

FILED
 05 JUL 21 PM 4:22
 JAMES L. JIMENEZ
 50054798



06302005 Chg-P CR2E034 (10/03)