

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000014735

FILED  
Jan 10, 2011  
Secretary of State

**Entity Name:** FLORIDA OXYGEN & TRANSFILLING INC.

**Current Principal Place of Business:**

8519 FORMEL AVENUE  
PORT RICHEY, FL 34668 US

**New Principal Place of Business:**

**Current Mailing Address:**

8519 FORMEL AVENUE  
PORT RICHEY, FL 34668 US

**New Mailing Address:**

FEI Number: 73-1725901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADAMSON, JAMIE E  
11322 YELLOWWOOD LANE  
PORT RICHEY, FL 34668 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ADAMSON, JAMIE E MR  
Address: 11322 YELLOWWOOD LANE  
City-St-Zip: PORT RICHEY, FL 34668 US

Title: V  
Name: ADAMSON, JASON A MR  
Address: 5016 TILSON DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: S/T  
Name: COTHARIN, DANIELLE T MS  
Address: 11322 YELLOWWOOD LANE  
City-St-Zip: PORT RICHEY, FL 34668 US

I hereby 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 all other like empowered.

SIGNATURE: JAMIE ADAMSON

PRES

01/10/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date