## **FILED** 2008 FOR PROFIT CORPORATION Apr 25, 2008 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P05000042392 OXFORD LAND COMPANY Principal Place of Business Mailing Address 11262 US HWY 301 11262 US HWY 301 OXFORD, FL 34484 OXFORD, FL 34484 CR2E034 (11/05) 02292008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2712802 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent CARUTHERS, REGINALD P DO NOT WRITE 13683 NORTH US HWY 301 OXFORD, FL 34484 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U000000322622 <del>05/15/08-80055-001-150.00</del> OFFICERS AND DIRECTORS 10. TITLE Company St. NAME CARUTHERS, REGINALD P 11262 US HWY 301 STREET ADDRESS CITY - ST - ZIP OXFORD, FL 34484 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information scopplied 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 tristee 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 a diddress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-357-748-4663