2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161662

Entity Name: OXFORD PROFESSIONAL MAINTENANCE, INC.

FILED Mar 15, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
969 NE 13 OXFORD,	5TH GROVE FL 34484				
Current Mailing Address:			New Mailing Address:		
P O BOX 1 OXFORD,					
FEI Number: 20-4057880 FEI Number Applied For ()		FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
2750 NW 4 STE 201	R, SCOTT D 43RD ST LLE, FL 3260	6 US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	V/S (JONES, KEITH 969 NE 13TH (OXFORD, FL	GROVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P/T (JONES, TRAC 969 NE 135TH OXFORD, FL	GROVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TRACY JONES P/T 03/15/2009