

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000091984

FILED
Apr 27, 2004
Secretary of State

Entity Name: OXENDINE & OXENDINE, P.A.

Current Principal Place of Business:

720 E FLETCHER AVE
SUITE 212
TAMPA, FL 33612

New Principal Place of Business:

14428 BRUCE B DOWNS BLVD.
TAMPA, FL 33613

Current Mailing Address:

720 E FLETCHER AVE
SUITE 212
TAMPA, FL 33612

New Mailing Address:

14428 BRUCE B DOWNS BLVD.
TAMPA, FL 33613

FEI Number: 59-3284395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OXENDINE, ROBERT H
720 E FLETCHER AVE
SUITE 212
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

OXENDINE, ROBERT H
14428 BRUCE B DOWNS BLVD.
TAMPA, FL 33613 US

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:

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: OXENDINE, ROBERT H
Address: 720 E FLETCHER AVE SUITE 212
City-St-Zip: TAMPA, FL

Title: DVT () Delete
Name: OXENDINE, SELENE R
Address: 720 E FLETCHER AVE #212
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: OXENDINE, ROBERT H
Address: 14428 BRUCE B DOWNS BLVD.
City-St-Zip: TAMPA, FL 33613 US

Title: DVT (X) Change () Addition
Name: OXENDINE, SELENE R
Address: 14428 BRUCE B DOWNS BLVD.
City-St-Zip: TAMPA, FL 33613 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT H. OXENDINE

DPS

04/27/2004

Electronic Signature of Signing Officer or Director

Date