


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91011 030 \*\*\*150.00

<b>DOCUMENT # P95000009140</b> 1. Entity Name <b>FLORIDA OXYGEN, INC.</b>	
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Principal Place of Business <b>206 S PINE AVE INVERNESS, FL 34452</b>	Mailing Address <b>P. O. BOX 1372 CRYSTAL RIVER, FL 34423 US</b>
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04202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3310898</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**STANTON, MORRIS  
8405 N PINE HAVEN PT  
SUITE 1  
CRYSTAL RIVER, FL 34428**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WASSON, CLYDE W 7708 S SHORE ACRES PT FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST STANTON, MORRIS 8405 N PINE HAVEN PT CRYSTAL RIVER, FL 34428
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IN THIS SPACE**

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: CW Wasson **CW Wasson** 4-30-04 (352) 637-4330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #