


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000009140**  
 1. Entity Name  
 FLORIDA OXYGEN, INC.



Principal Place of Business      Mailing Address  
 206 S PINE AVE      P. O. BOX 1372  
 INVERNESS, FL 34452      CRYSTAL RIVER, FL 34423 US

**DO NOT WRITE IN THIS SPACE**



02142005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3310898      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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 03/16/05-80027-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Morris Stanton*      MORRIS STANTON      3/15/05 (352) 637-4657  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day/Time Phone #