2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000024426

Entity Name: FLORIDA OXYGEN & DME SUPPLIES, INC

FILED Feb 16, 2005 Secretary of State

Thirty Hame! TESTABACONTOLIVE DIVIDED OF TELES, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
206 S. PIN INVERNES	E AVE. SS, FL 34452	US				
Current Mailing Address:				New Mailing Address:		
P. O. BOX CRYSTAL	1372 RIVER, FL 34	423 US				
FEI Number:	59-3373324	FEI Number Applied For ()	FEI Number Not	Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name	and Address o	f New Registered Agent:	
STANTON, MORRIS 8405 N PINE HAVEN PT CRYSTAL RIVER, FL 34428 US				STANTON, YOUNG M 8405 N PINE HAVEN PT CRYSTAL RIVER, FL 34428 US		
The above in the State		ubmits this statement for the	purpose of changi	ng its registered	d office or registered agent, or both,	
SIGNATURE: YOUNG M STANTON					02/16/2005	
	Electron	ic Signature of Registered Ag	ent		Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS	S AND DIREC	rors:	ADDIT	IONS/CHANGE	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () WASSON, CLYI 7708 S. SHORE FLORAL CITY, I	S ACRE PT	Title: Name: Address City-St-Z		() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () STANTON, MOR 8405 N PINE HA CRYSTAL RIVE	VEN PT	Title: Name: Address City-St-Z	STANTON, Y 8405 N PINE		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address City-St-Z	STANTON, N 5850 W NO		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address City-St-2		()Change(X)Addition ERNA C E HAVEN POINT IVER, FL 34428	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address City-St-Z	WASSON, B 197 JOHNS	() Change (X) Addition RADLEY M GLEN DRIVE LLE, FL 32259	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address City-St-Z		AVENUE	

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: YOUNG M STANTON ST 02/16/2005