2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2004 8:00 am Secretary of State **DOCUMENT # P97000005074** 1. Entity Name 01-28-2004 90003 038 ***150.00 OXFORD HOUSE, INC. Mailing Address Principal Place of Business 8036-7 PHILLIPS HIGHWAY 300 S.E. 14TH STREET JACKSONVILLE FL 32256 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address 303 SE 7660 PHILLIPS Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State 4. FEI Number 65-0738472 DEER FIELD Not Applicable Country \$8.75 Additional \Box 5. Certificate of Status Desired BROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ----LAVENDER, JOEL R Street Address (P.O. Box Number is Not Acceptable) 507 SOUTHEAST 11TH COURT FORT LAUDERDALE FL 33316 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. TITLE ☐ Addition TITLE ☐ Delete HODDINUTT, GEDRGE NAME HODDNOTT, GEORGE NAME 14 ST 3 E STREET ADDRESS 300 S.E. 14TH STREET STREET ADDRESS CITY-ST-7IP DEERFIELD BEACH FL 33441 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

George Hoold, NOTT 1-20-04

FILED