


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000064844</b> 1. Entity Name <b>BARGAIN OASIS, INC.</b>	
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Principal Place of Business <b>101 SUNNYTOWN RD, SUITE 310 CASSELBERRY, FL 32707</b>	Mailing Address <b>101 SUNNYTOWN RD, SUITE 310 CASSELBERRY, FL 32707</b>
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07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3585064</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**WHITCOMB, WILTON  
101 SUNNYTOWN RD, SUITE 310  
CASSELBERRY, FL 32707**

**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 \_\_\_\_\_

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	THEDFORD, JOHN D
STREET ADDRESS	101 SUNNYTOWN RD, SUITE 310
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	DVTS
NAME	WHITCOMB, WILTON
STREET ADDRESS	101 SUNNYTOWN RD, SUITE 310
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000166124  
07/14/04-R0004-007 150.00

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-1-04

407-358-0064