2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL	KEPUKI (AI	4)		<u>, </u>	$_{i}\mathbf{D}$. A $_{i}$	
DOCUMENT # P99000023184 1. Entity Name					Apr 28, 2005 Secretary		M
OASIS IR	RIGATION OF BREVARD,	INC.	į		Secretary	or State	
Principal Place of Business Mailing Address					-		
1512 \$. MIRAMAR AVE. INDIALANTIC FL 32903		1512 S. MIRAMAR AVE. INDIALANTIC FL 32903					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR	2E034 (10/04)		
City & State		City & State		4. FEi Number 59-3563072	<u>├─</u>	pplied For lot Applicat	
Zip	Country	Zip	Count	ry	5. Certificate of Status Desired	□ \$8.75 Ad Fee Require	
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and Address of New Regis	stered Agent	<u>.</u>
RYALL, WILLIAM							
1512 S. MIRAMAR AVE. INDIALANTIC FL 32903				Street Address (P 0 Box Number is Not Acceptable)		
			ļ	City		FL Zip Coo	de
	named entity submits this statementions of registered agent.	t for the purpose of changing it	ts registere	d office or register	ed agent, or both, in the State of Florida	ı. I am familiar with	, and accer
SIGNATURE .	Signature, typod or printed name of registered ag-	ent and title if applicable (NC	OTE Registered	Agent signature required	when reinstating)	DATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550. k Payable to Florida Department				Election Campaign Trust Fund Contribu		.00 May Bad to Fees
10.	OFFICERS AN	ND DIRECTORS	11.	···	ADDITIONS/CHANGES TO OFFICE	AS AND DIRECTOR	RS IN 11
TITLE	P	☐ Defete	THICE			☐ Change	A.liatic
NAME STREET ADDRESS CITY ST-ZIP	RYALL, WILLIAM R III 1512 S MIRAMAR AVE INDIALANTIC FL 32903		NAME STREE CITY	T ADDRESS S1-ZIP	#00000340277 04/28/05-80112-001 150.00		
TITLE		☐ Delete	TITLE	<u> </u>		☐ Change	Adriili
NAME STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP		При		ST-74P	<u> </u>	Chengo	Addibi
NAME		Delete	THLE			Change	An-min
STREET ADDRESS				LADORESS			
CITY-ST-ZIP			CITY-	ST-ZIF			
TOTLE NAME		☐ Delete	NAME			☐ Change	Addita
STREET ADDRESS				TAODRESS			
City-St-Zip			CHY-	ST - ZIP			. .
TITLE		☐ Delete	THILE			☐ Change	Addition
NAME CIREFT ADDRESS			NAME STREE	I ADDRESS			
CITY-ST-ZIP			CITY	i			E
IIILE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME	LAMADERE			
GTREET ADDRESS CITY_ST-ZIP			STREE CITY-S	FAUURESS ST-7IP			
12. I hereby o	certify that the information supplied w	rith this filing does not qualify fo	or the exem	ption stated in Se	ction 119.07(3)(i), Florida Statutes. I furt	her certify that the i	nformation
of the cor	on this report or supplemental repor poration or the receiver or trustee err or on an attachment with an address	ipowered to execute this repor	rt as require	ire snail have the s ad by Chapter 607	same legal effect as if made under oath, , Florida Statutes; and that my name ap	ınat ı am an officer pears in Block 10 o	or director r Block 11 if

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-984-3256 Daylime Phone #