



2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended
FILED

04 SEP 15 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000087816 1. Entity Name BREATHE EASY OXYGEN SUPPLY, INC.					
Principal Place of Business 3830 CROWN POINT ROAD SUITE E-2 JACKSONVILLE, FL 32257			Mailing Address PO BOX 57758 JACKSONVILLE, FL 32241-7758		
2. Principal Place of Business 3721 San Jose Place		3. Mailing Address 3721 San Jose Place		 08172004 Chg-P CR2E034 (10/03) 4. FEI Number 59-3601286 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc. Suite 5		Suite, Apt. #, etc. Suite 5			
City & State Jacksonville, Florida		City & State Jacksonville, Florida			
Zip 32257		Zip 32257			
Country USA		Country USA			
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Philip Staats Street Address (P.O. Box Number is Not Acceptable) 3721 San Jose Place, Suite 5 City Jacksonville FL Zip Code 32257	
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 <u><i>Philip Staats</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PERMENTER, KURT <input checked="" type="checkbox"/> Delete 3830 CROWN PT. RD. JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Philip Staats 3721 San Jose Place, Suite 5 Jacksonville, Florida 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Philip Staats</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			9/9/04 Date 904-880-6551 Daytime Phone #		