

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000087816



1. Entity Name  
BREATHE EASY OXYGEN SUPPLY, INC.

Principal Place of Business  
3712 SAN JOSE PLACE  
SUITE 5  
JACKSONVILLE, FL 32257

Mailing Address  
3712 SAN JOSE PLACE  
SUITE 5  
JACKSONVILLE, FL 32257



04062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3601286

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STAATS, PHILIP  
3712 SAN JOSE PLACE  
SUITE 5  
JACKSONVILLE, FL 32257

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

U00000328628  
04/25/05-80084-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	STAATS, PHILIP
STREET ADDRESS	3712 SAN JOSE PLACE, SUITE 5
CITY- ST- ZIP	JACKSONVILLE, FL 32257
TITLE	D
NAME	STAATS, PHILIP
STREET ADDRESS	3721 SAN JOSE PLACE, SUITE 5
CITY- ST- ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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: Philip Staats  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05 904-880-6951  
Date Daytime Phone #