

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90005 038 ***158.75

DOCUMENT # P99000091277 1. Entity Name OASIS GARDENS INTERNATIONAL, INC.			
Principal Place of Business 620 RENAISSANCE POINTE, #111 ALTAMONTE SPRINGS, FL 32714		Mailing Address 620 RENAISSANCE POINTE, #111 ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address PO BOX 411 Suite, Apt. #, etc. City & State KODAK, TN. Zip 37764 Country USA	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03052003 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent TROW, CHESTER J 1 NE FIRST AVE., STE.303 OCALA, FL 34470		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (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. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME HARRISON, JESSICA STREET ADDRESS 620 RENAISSANCE POINTE, #111 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jessica Harrison JESSICA HARRISON 8/31/04 515-1500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

Attachment



574072113
#P99000091277

8/31/04

To whom it may concern,

Please note a new mailing address
as of July, 2004 on the form & below.
I did not receive prior notice & have
followed instructions on the computer in
accordance per prior phone call in May.
Thank you for your time,

Jessica Harrison

Please send all further info to:

Jessica Harrison
Oasis Gardens, Unit 1.
PO Box 411
Kodak, In. 37764