

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S15953

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: D.L.T. HOME OXYGEN, INC.

## Current Principal Place of Business:

3925 SE 45 COURT  
SUITE F  
OCALA, FL 34471 US

## New Principal Place of Business:

2855 SOUTH PINE AVENUE  
OCALA, FL 34471 US

## Current Mailing Address:

411 SE 82ND PLACE  
411 SE 82ND PLACE  
OCALA, FL 34480 US

## New Mailing Address:

FEI Number: 59-3043659      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YOUNG, DAVID A JR  
1243 SE 22 AVE  
1243 SE 22 AVE  
OCALA, FL 34471 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: ESCOBAR, ANDREW S  
Address: 411 SE 82ND PLACE  
City-St-Zip: Ocala, FL 34480 US

Title: D ( ) Delete  
Name: ESCOBAR, ANDREW S  
Address: 411 SE 82 PLACE  
City-St-Zip: Ocala, FL 34480 US

Title: D ( ) Delete  
Name: ESCOBAR, RICHARD T  
Address: 411 SE 82ND PLACE  
City-St-Zip: Ocala, FL 34480 US

Title: D ( ) Delete  
Name: YOUNG, DAVID A  
Address: 1243 SE 22ND AVENUE  
City-St-Zip: Ocala, F 34471 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition  
Name: BALLARD, MATT  
Address: 2855 SOUTH PINE AVENUE  
City-St-Zip: Ocala, FL 34471 US

Title: CFO (X) Change ( ) Addition  
Name: ISENHOWER, KIRK  
Address: 2855 SOUTH PINE AVENUE  
City-St-Zip: Ocala, FL 34471 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD ESCOBAR

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date