

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V16216

FILED  
Jan 11, 2006  
Secretary of State

Entity Name: OXHANDLER ENTERPRISES, INC.

**Current Principal Place of Business:**

14455 S. HIGHWAY 25, LOT #15  
OCKLAWAHA, FL 32179

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 61  
CANDLER, FL 32111 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OXHANDLER, DAVID  
14455 S. HIGHWAY 25  
OCKLAWAHA, FL 32179 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: P ( ) Delete  
Name: OXHANDLER, DAVID  
Address: 14455 S. HIGHWAY 25, LOT #15  
City-St-Zip: OCKLAWAHA, FL 32179

Title: VP ( ) Delete  
Name: OXHANDLER, DAVID  
Address: 14455 S. HIGHWAY 25, LOT #15  
City-St-Zip: OCKLAWAHA, FL 32179

Title: S ( ) Delete  
Name: OXHANDLER, DAVID  
Address: 14455 S. HIGHWAY 25, LOT #15  
City-St-Zip: OCKLAWAHA, FL 32179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: DAVID OXHANDLER

P

01/11/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date