2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V16216

Address:

City-St-Zip:

14455 S. HIGHWAY 25, LOT #15

OCKLAWAHA, FL 32179

FILED Jul 07, 2008 Secretary of State

D 0 0 0 111				ocorciary or oracc	
Entity Nan	ne: OXHANDI	LER ENTERPRISES, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
14455 S. HIGHWAY 25, LOT #15 OCKLAWAHA, FL 32179			13045 EAST HWY 25 OCKLAWAHA, FL 3217	13045 EAST HWY 25 OCKLAWAHA, FL 32179	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P.O. BOX 6 CANDLER,		US			
FEI Number:		FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
OXHANDLER, DAVID 14455 S. HIGHWAY 25 OCKLAWAHA, FL 32179 US			OXHANDLER, DAVID 13045 EAST HWY 25 OCKLAWAHA, FL 3217		
The above in the State		submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: DAVID OXHANDLER				07/07/2008	
Election Carr	e with s. 607.193	ic Signature of Registered Agen 8(2)(b), F.S., the corporation did not I I Trust Fund Contribution (). FORS:	receive the prior notice.	Date TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	OXHANDLER, D	VAY 25, LOT #15	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	OXHANDLER, D	VAY 25, LOT #15	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name:	S () OXHANDLER. D	Delete DAVID	Title: (Name:) Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: DAVID OXHANDLER P 07/07/2008